

WOMEN'S HEALTH

A LOCAL PROFILE

Franklin County, Ohio



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Prepared by:
Office of Assessment and Surveillance
Division of Planning and Preparedness

ACKNOWLEDGEMENTS

Prepared by:

The Office of Assessment and Surveillance

Kathleen Cowen, M.S., Director

Suellen Bennett, M.S.

Michelle L. Groux, M.P.H.

Ben DeJesus, M.S.

Abdoul Shmohamed, M.P.H./H.S.A.

Lesley Wolf, Graduate Student Intern

Funded through the Graduate Student Internship Program sponsored by the Health Resources and Services Association's Maternal and Child Health Bureau

We wish to thank the following individuals for their contributions toward the completion of this report:

Carla Hayden, R.N., M.B.A.

Director, Office of Minority Health

Columbus Public Health

Richard Hicks, M.P.A.

Director, Office of Health Planning

Columbus Public Health

Carolyn Slack, R.N., M.S.

Director, Maternal and Child Health

Columbus Public Health

Niki Kritikos, M.P.H.

Program Manager, Franklin County Child Fatality Review

Columbus Public Health

Mike Smeltzer, M.P.H.

Interim Director, Planning and Preparedness

Columbus Public Health

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The Report

This report was developed to provide readers with a profile of women's health at the local level. It provides information on health behaviors, health status, and health care utilization of Franklin County women and is intended to be a reference for those interested in improving the health and well-being of local women.

The first section of this report presents demographic and socioeconomic characteristics of women in Franklin County. The second section presents information on the health behaviors of women. An overview of women's health status is presented in section three. Women's reproductive health is addressed in section four and section five presents information on health care coverage and utilization. A special topic is also introduced with a section on *Women of Reproductive Age*.

The final section of the report provides appendices related to the information contained in this report. This section includes references to data sources used within the document, technical notes outlining data calculations and limitations, a glossary with an alphabetical listing of terms used in the report and recommended screenings and immunizations. This section should serve as a reference to the reader.

Columbus Public Health hopes that the contents of this report will stimulate additional questions and further research into women's health and the health of other specific populations of concern in Franklin County.

The Data

The data presented in this report come from a variety of local, state, and national sources. Information is presented taking into account the availability of data, the quality of data, the amount of missing data, and the number of observations. Due to limited availability of racial and ethnic data, only the difference between White and Black women are included in this report. In addition, time-trend data or comparisons to like areas (e.g., other similar Ohio counties) are only available for select indicators.

Women's Health: A Local Profile is available on the Columbus Public Health website at www.publichealth.columbus.gov.

INTRODUCTION

ABOUT LOCAL WOMEN... HIGHLIGHTS FROM THE REPORT

Women represent over half of the over 1 million people residing in Franklin County. In most age groups women account for half of the population. The only exception is among people 65 years and older, where women represent over 60% of the population. In addition, the growing diversity among women in Franklin County is apparent in the racial/ethnic distribution across age groups. While non-Hispanic Whites account for 84% of the 65 and over population, they account for only 66% of the population under age 5. Women constitute 65% of the labor force in Franklin County. Eighty-five percent of Franklin County women are high school graduates and over 30% have a college degree.

Women's Health - A Local Profile provides available data in major areas of women's health, including demographics, health behaviors, health status, reproductive health and health care access and utilization. Highlights from across all of these areas are provided here.

Demographics. An overview of the women in Franklin County.

- Over 67,000 women (12.6% of all women in Franklin County) are living below the federal poverty level (FPL).
- Over two times as many Black women compared to White women are living below the federal poverty level (24.3% versus 9.1%, respectively).

Health Behaviors. An overview of many determinants of health including weight, physical activity, cigarette smoking, alcohol consumption and others.

- Over 80% of Franklin County women consumed less than the recommended 5 servings of fruits and/or vegetables per day. Four percent eat less than one serving daily. Eight percent report being concerned about not having enough food for themselves or their families in the previous 30 days.
- Significantly more Black women (14.0%) had concerns about food than White women (5.6%).
- One quarter of all Franklin County women are currently cigarette smokers.
- In 2003, 12.8% of Franklin County women who gave birth reported smoking during pregnancy. This percentage has decreased 46.0% since 1990 (23.7%).
- Almost 90% of Franklin County women 40 years and older have had at least one mammogram. This percentage is higher when compared to women of the same age in Ohio (77.0%).
- 77.6% of women who have ever had a Pap smear have had one within the last year. This percentage is significantly higher than the percentage of all women in Ohio (70.8%).

Health Status. An overview including disease prevalence, incidence and mortality.

Leading Causes of Death

- Heart disease has been the leading cause of death for Franklin County women since at least 1994, and accounted for 28.3% of all female deaths in Franklin County between 1994 and 2002.
- Lung cancer is the leading cause of cancer death among women in Franklin County.

Chronic Conditions

- Half of all women in Franklin County are overweight and of these women, 46% are considered obese.
- Nearly seven percent of all women in Franklin County have been diagnosed with non-gestational diabetes. The prevalence for non-gestational diabetes is significantly higher for women living in low-income households when compared to women living in middle- to high-income households.
- Over 20 percent of women in Franklin County reported having been diagnosed with depression by a health care professional.

Infectious Diseases

- Franklin County women accounted for 15.1% of the total number of women living with HIV/AIDS in the state of Ohio.
- In 2003, the incidence of tuberculosis among Franklin County women was over 3 times the rate of all women in Ohio.

Violence

- The three-year average age-adjusted homicide rates for Franklin County women from 1994-1996 through 2000-2002 is 16% higher than age-adjusted homicide rates for all women in Ohio.
- The rate for rape among Franklin County women is consistently higher than the rates for Cuyahoga County, Hamilton County, and the state of Ohio for every year from 2000 through 2003.

Health Care Access and Utilization

- Almost 12% of Franklin County women are uninsured.

INTRODUCTION

Opportunities

This report is designed to be a first step towards identifying and describing key women's health issues and concerns in Franklin County. It is intended for use as a resource for the many organizations and individuals in Franklin County committed to the health and well-being of women. While the Women's Health Report provides a good overview into the health of women in Franklin County, it also identifies areas where further research and actions need to be taken. The following recommendations are intended to provide a framework and broad direction regarding opportunities for health improvement.

Improve collection and availability of accurate data related to women's health

- *Specifically:* The collection of and access to accurate racial/ethnic data.
- *Why?* Health disparities exist: The mortality rates for both heart disease and diabetes are higher among Black women than White women. Without data to describe the women in our community, disparities between groups cannot be identified or addressed.

Identify and implement evidence-based best practices designed to improve women's health

- *Specifically:* Practices related to health behaviors and preventable illnesses.
- *Why?* Women in Franklin County continue to suffer from preventable diseases including: tuberculosis, HIV/AIDS, heart disease, diabetes, and overweight/obesity. In addition, almost one quarter of Franklin County women are currently cigarette smokers and less than half are getting the recommended amount of moderate activity. Prevention and early detection are key to maintaining good health throughout life.

Coordinate efforts, recognize and build on existing community assets and successful initiatives around women's health

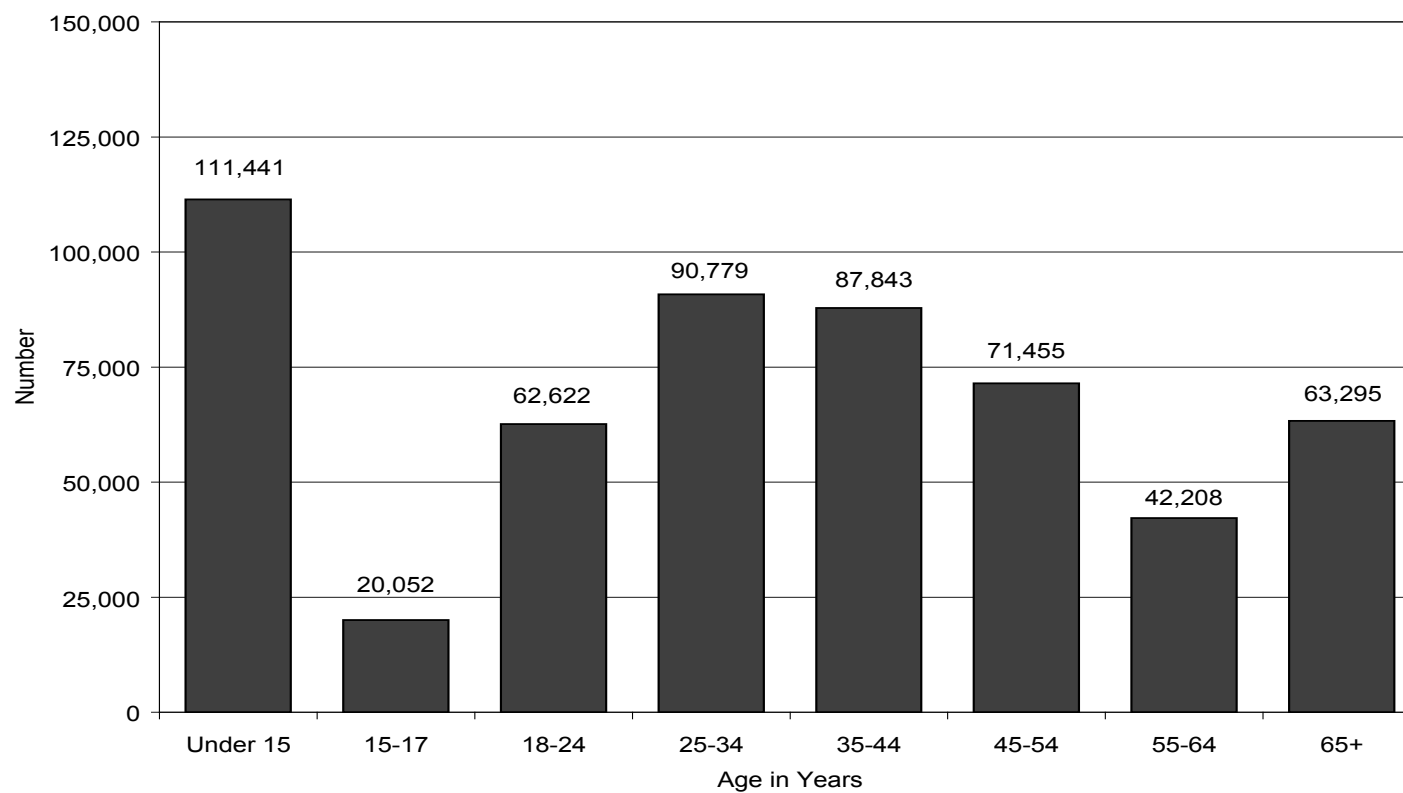
- *Specifically:* Efforts and assets that are evidence-based and locally attainable.
- *Why?* Linking agencies and organizations that are doing similar work will maximize the community's resources and ability to make a difference in the lives of women and in the life of our community.

1: DEMOGRAPHICS

TOTAL POPULATION

- In 2000 the population in Franklin County surpassed 1 million, with females representing 51.4% of the total population.

Figure 1:1
Franklin County Women by Age
U.S. Census 2000



1: DEMOGRAPHICS

RACE/ETHNICITY

- Of the total female population (549,695) in Franklin County, 74.3% reported being White. This number reflects only those who reported White alone and not in combination with another race or ethnicity.
- Black women, alone and not in combination with another race or ethnicity, make up the highest percentage of the non-White female population (18.5%).

Table 1:1
Franklin County Women by Race/Ethnicity
U.S. Census 2000

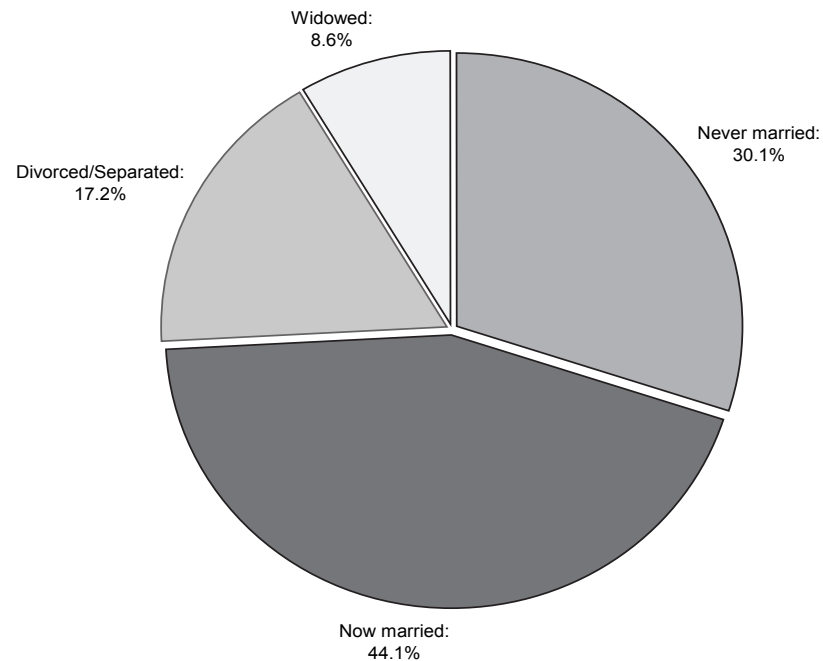
Race/Ethnicity	Number	Percent of All Women*
Total Population	549,695	
White (alone)	413,201	75.2%
Black or African American (alone)	101,887	18.5%
Asian (alone)	16,215	2.9%
American Indian/Alaska Native (alone)	1,444	0.3%
Native Hawaiian/Other Pacific Islander (alone)	208	0.0%
Some other race (alone)	4,580	0.8%
Two or more races	12,160	2.2%
Hispanic or Latina (any race)	10,636	1.9%

* Percents will add to more than 100 when including Hispanic/Latina.

MARITAL STATUS

- Of all women over the age of 15, 44.1% are married, 30.1% have never married, and over one quarter (25.8%) are divorced, separated, or widowed .
- Of the 438,876 total households in Franklin County, approximately 6.0% are unmarried-partner households.
- Of the unmarried-partner households, 41.5% are female householders with a male partner and 6.3% are female householders with a female partner.

Figure 1:2
Franklin County Women by Marital Status
U. S. Census 2000



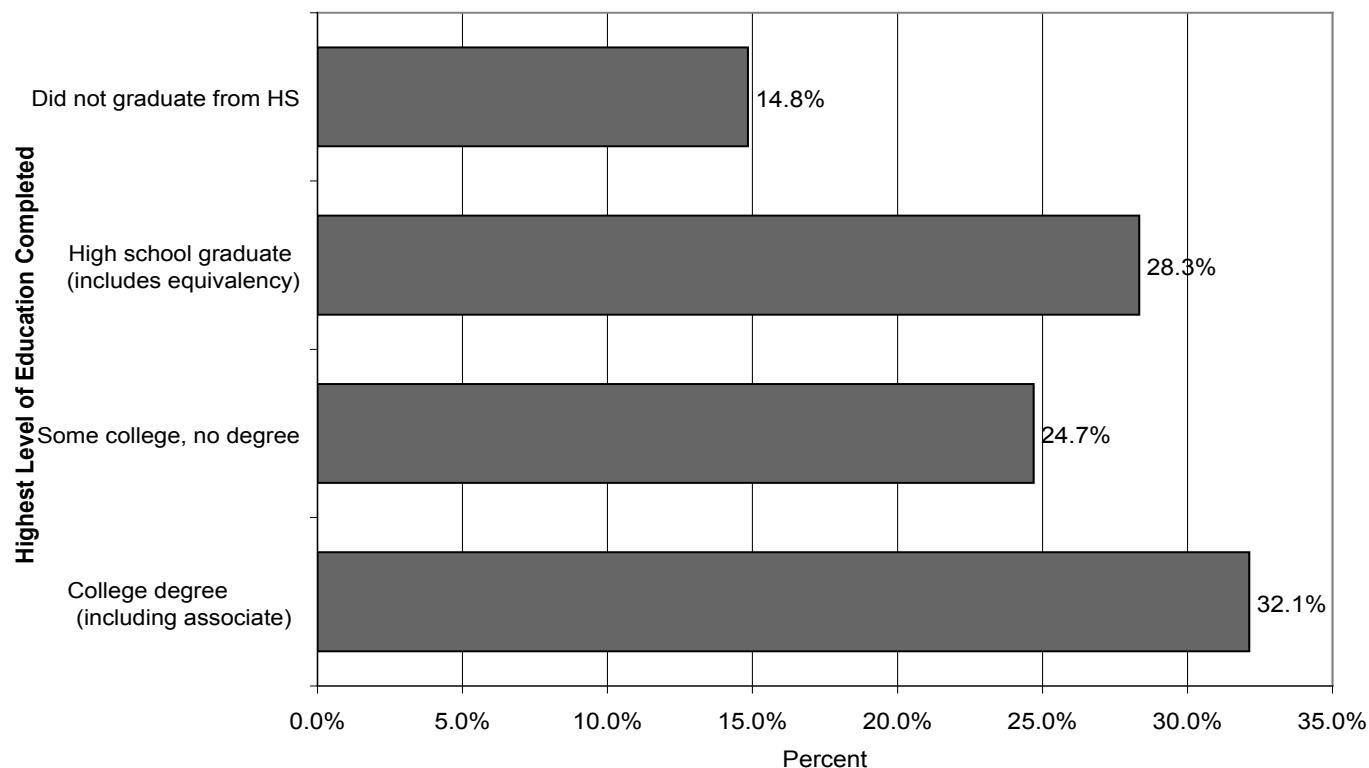
Note: Marital status is based on U.S. Census 2000 information and is available for those age 15 years and older. See "About the Data" for more information.

1: DEMOGRAPHICS

EDUCATION LEVEL

- The majority (85.2%) of women living in Franklin County over the age of 18 have at least a high school diploma and over 30% have received a college degree (includes associate).

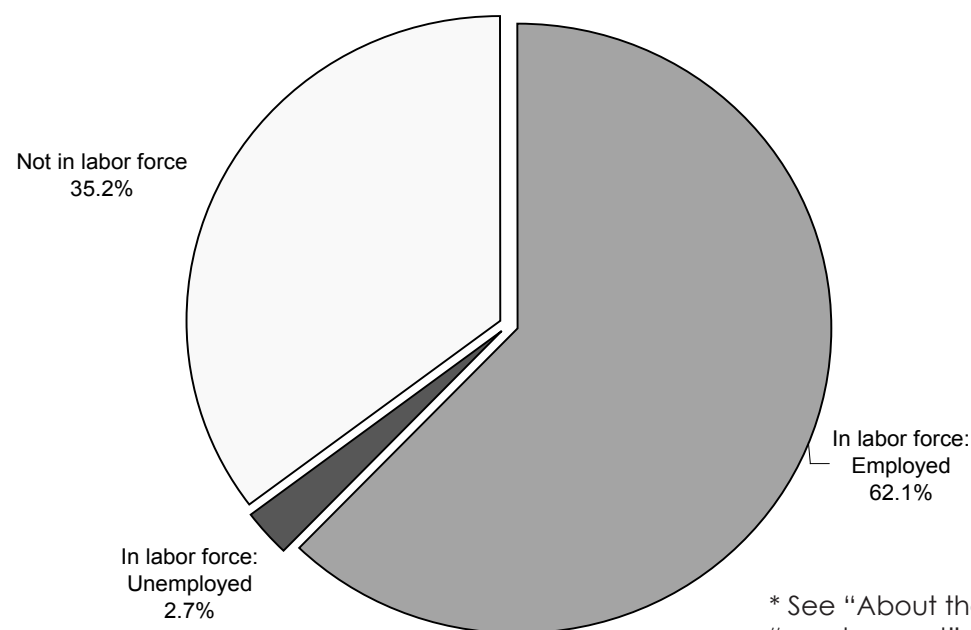
Figure 1:3
Franklin County Women by Education Level
U.S. Census 2000



EMPLOYMENT AND EARNINGS

- The majority (64.8%) of women over 16 years old in Franklin County are in the labor force. Of these women, over 95% are employed and only 4% are unemployed.
- The largest percentage of women worked in the retail industry (13.6%).
- Over half (51.7%) of Franklin County women reported they usually worked more than 35 hours per week.
- In Franklin County, regardless of race and age, men still lead women in median earnings. In 1999, the median earning for men was 26% higher than the median earning for women (\$37,672 and \$29,856 , respectively).

Figure 1:4
Franklin County Women by Employment Status
U.S. Census 2000



* See "About the data" for explanation of "employment" and "labor force."

Note: Employment and earning information is based on U.S. Census 2000 information and is only available for those age 16 years and older. See "About the Data" for more information.

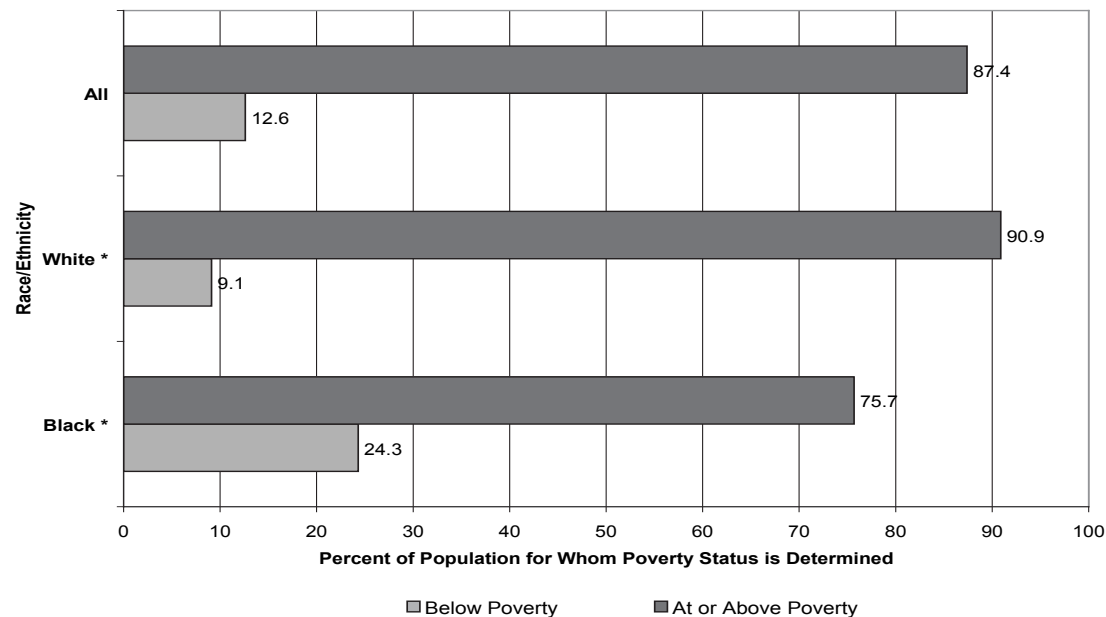
1: DEMOGRAPHICS

POVERTY

- Over 67,000 women (12.6% of all women for whom poverty status is determined in Franklin County) are living below the federal poverty level (FPL).
- Over two times as many Black women compared to White women, when looking at those for whom poverty status is determined, are living below the federal poverty level (24.3% versus 9.1%, respectively).
- Slightly more than 30% of families headed by single women living with related children under the age of 18 are living below the poverty level.

Federal Poverty Level (FPL) is calculated using total reported family income (total income received by the members of the family and those who permanently reside in the household) and the total number of adults and children living in the household in the previous year. In 2000, the Federal Poverty Level was a household total of \$17,050 for a family of four.¹

Figure 1:5
Franklin County Women by Poverty Level and Race
U.S. Census 2000



* This information pertains to "White alone, with no other race or ethnicity" and "Black alone, with no other race and ethnicity"

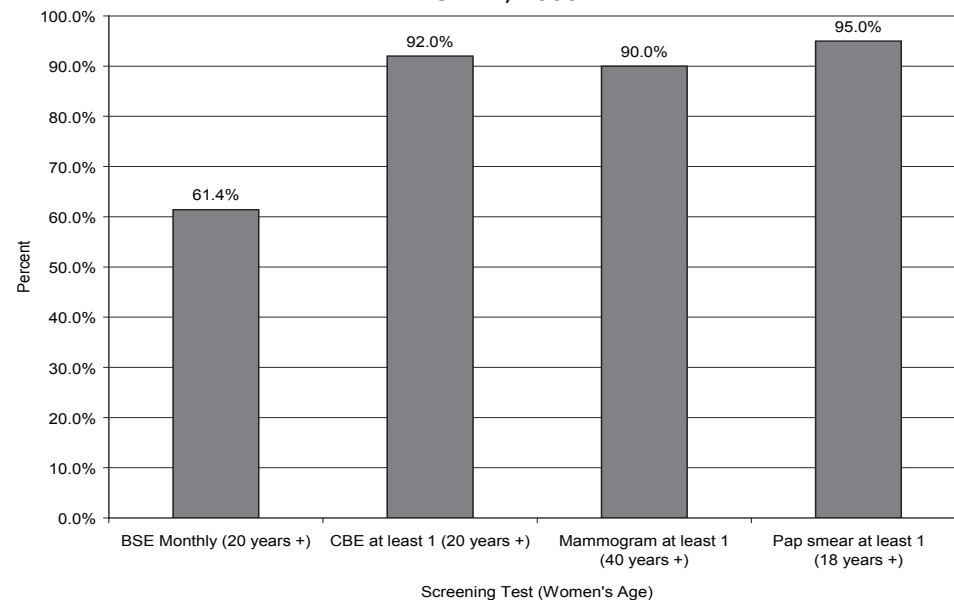
2: HEALTH BEHAVIORS

2: HEALTH BEHAVIORS

SCREENING PREVALENCE ³ (SEE APPENDIX D FOR RECOMMENDATIONS)

- Of Franklin County women 20 years of age and older, 62.5% do a breast self-exam (BSE) every month.
- Over 93% of Franklin County women age 20 and older have had at least one clinical breast exam (CBE).
- 77.2% of Franklin County women age have had a CBE within the past year.
- Almost 90% of Franklin County women 40 years and older have had at least one mammogram. This percentage is higher when compared to women of the same age in Ohio (77.0%).⁴
- Fewer women in Franklin County between 40-49 years (82.3%) have had a mammogram when compared to women ages 50-64 years (93.0%) and women ages 65 and older (92.6%).
- Over 95% of Franklin County women age 18 years and older have had at least one Pap smear.
- Over 90% of these women have had a Pap smear within the past three years.

Figure 2:1
Franklin County Women, Percent Screening
CHRA, 2000



2: HEALTH BEHAVIORS

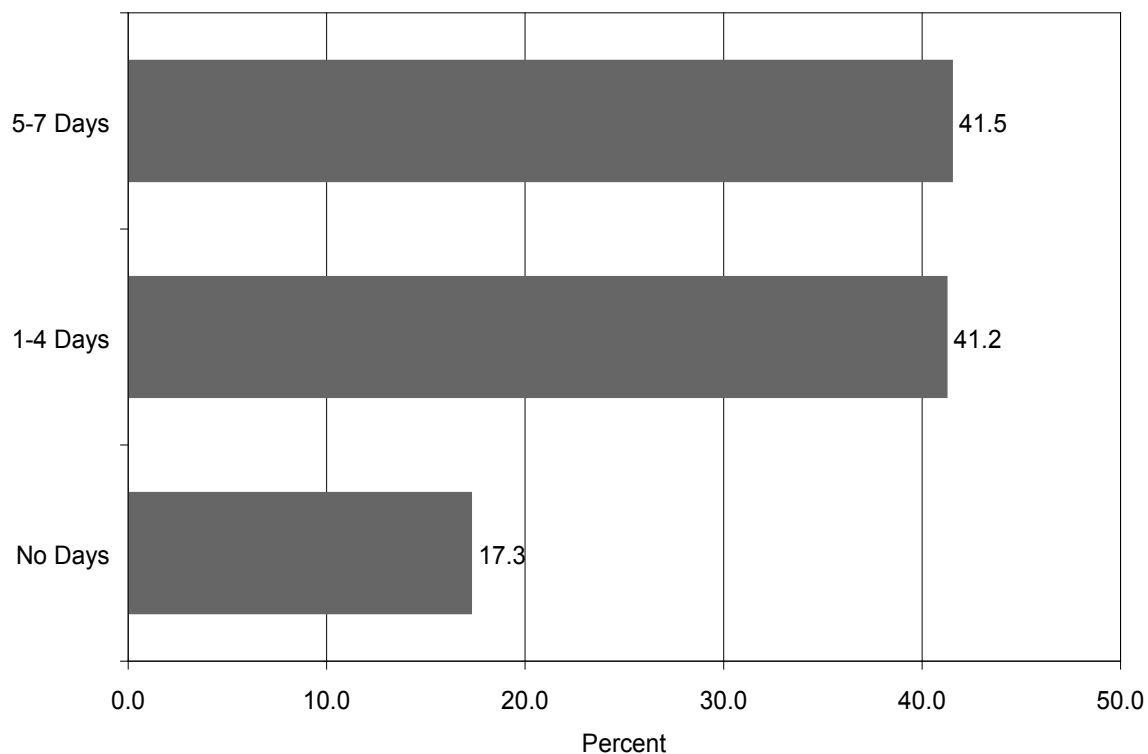
PHYSICAL ACTIVITY³

The Centers for Disease Control and Prevention (CDC) recommends that adults participate in at least 30 minutes of moderate physical activity, 5 or more times per week. The results reported here include both leisure and non-leisure time activity.

- Among Franklin County women of all ages, 41.5% report getting the recommended amount of moderate activity. The prevalence is similar between White (40.9%) and Black (44.7%) women.
- Significantly more women living in low-income households get the recommended amount of exercise compared to women living in middle- to high- income households (50.1% and 35.4%).
- Only 32.4% of Franklin County women strength train for the recommended amount of at least two days per week.
- The prevalence of strength training at least two days per week among White and Black women is similar (33.0% and 30.8 %, respectively).

Regular participation in physical activity has been shown to reduce the risk of heart attacks, colon cancer, diabetes, hypertension, and stroke. It is also beneficial in WEIGHT CONTROL, AND IN THE management of symptoms related to depression and anxiety.⁸

Figure 2:2
Franklin County Women
Number of Days per Week of Moderate Physical Activity
CHRA, 2000



2: HEALTH BEHAVIORS

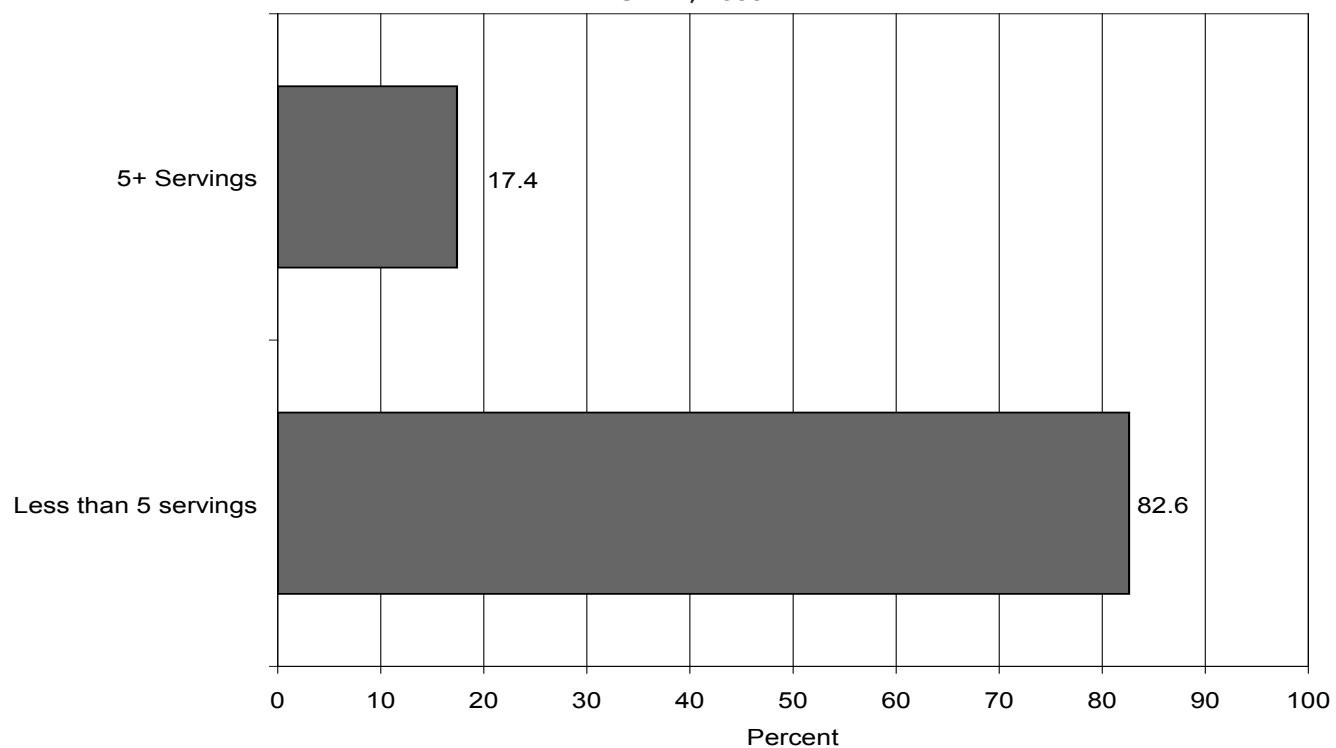
NUTRITION³

The Centers for Disease Control and Prevention (CDC) recommends that adults eat 5 servings of fruits and/or vegetables every day.

- Over 80% of Franklin County women consumed less than the recommended 5 servings of fruits and/or vegetables per day. Four percent eat less than one serving daily.
- A larger percentage of Black women (87.1%) when compared to White women (81.7%) eat less than the recommended number of servings daily.
- Significantly more women living in middle- to high-income households consumed the recommended number of servings of fruits and/or vegetables daily compared to women living in low-income households (19.6% and 10.3 %, respectively).
- Eight percent report being concerned about not having enough food for themselves or their families in the previous 30 days. Over 88% of these women said they were concerned due to finances.
- Significantly more Black women (14.0%) had concerns about food than White women (5.6%).

Proper nutrition has been shown to reduce the risk of chronic diseases, including heart disease, stroke, some cancers, diabetes, and osteoporosis. In addition, diets low in nutritional value combined with lack of physical activity are attributed to 300,000 deaths each year in the United States.⁸

Figure 2:3
Franklin County Women
Servings of Fruits and Vegetables Eaten Daily
CHRA, 2000



2: HEALTH BEHAVIORS

ALCOHOL USE³

- Half of all Franklin County women are current drinkers having had at least one alcoholic beverage in the past month (50.3%).
- Of current drinkers, 4.0% are chronic drinkers and nearly one quarter (22.5%) report one or more incidents of binge drinking in the past month.
- Over 5.0% admit to driving a vehicle at least once in the past 30 days after having too much to drink and 4.1% report being a passenger in the past month in a vehicle where the driver has had too much to drink.
- Almost 2% report seeking help about her alcohol consumption or being requested or required to get help.
- Significantly more White women (54.6%) than Black women (37.4%) are current drinkers.
- In 2003, 1.0% of Franklin County women who gave birth reported using alcohol during their pregnancies. This percentage has decreased 81% since 1990 (5.2%).⁵

Excess alcohol consumption has been associated with unintentional injury, domestic violence, risky sexual behaviors and sexually transmitted diseases, and for women of childbearing age, unintended pregnancies, and alcohol-exposed pregnancies.⁸

2: HEALTH BEHAVIORS

TOBACCO Use²

- One quarter (25.3%) of all Franklin County women are currently cigarette smokers.
- Most (49.9%) began smoking between 14 and 18 years of age.
- Over half (57.2%) of all Franklin County female smokers have quit smoking for at least one day over the past year.
- In 2003, 12.9% of Franklin County women who gave birth reported smoking during pregnancy. This percentage has decreased 46.0% since 1990 (23.7%).^{4a}
- The percentage of Franklin County women who report being current smokers decreases with age.

Tobacco use is one of the most preventable causes of death and disease in the United States. Smoking is responsible for 440,000 deaths each year, and 8.6 million Americans have an illness that resulted from tobacco use.

Tobacco use increases the risk for lung cancer and other cancers, cardiovascular disease, chronic lung disease, and adverse reproductive outcomes.⁸

Figure 2:4
Franklin County Women, Smoking Status
OFHS, 2003-2004

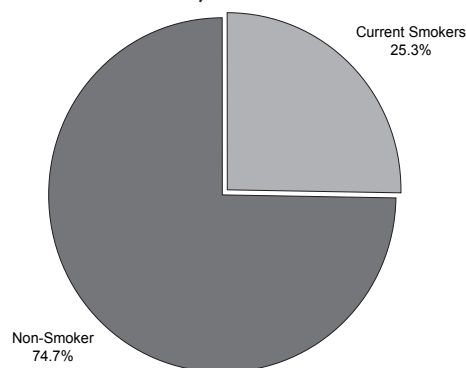
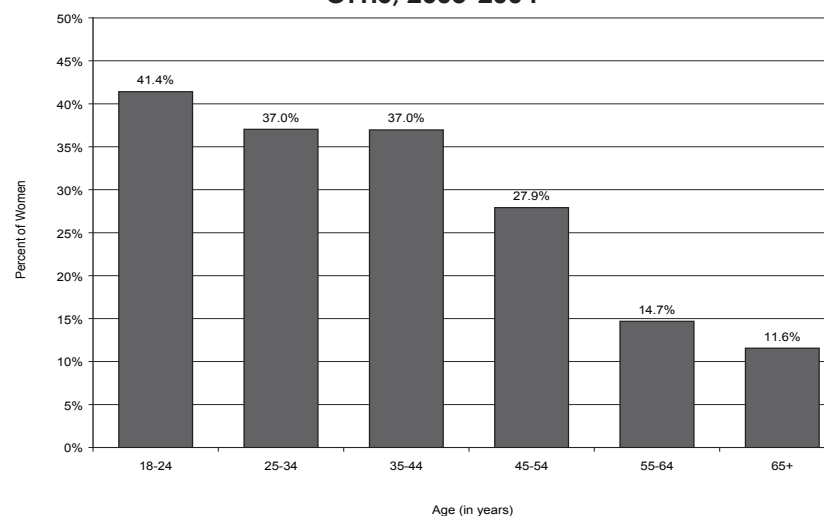


Figure 2:5
Franklin County Women, Smoking Status by Age
OFHS, 2003-2004



2: HEALTH BEHAVIORS

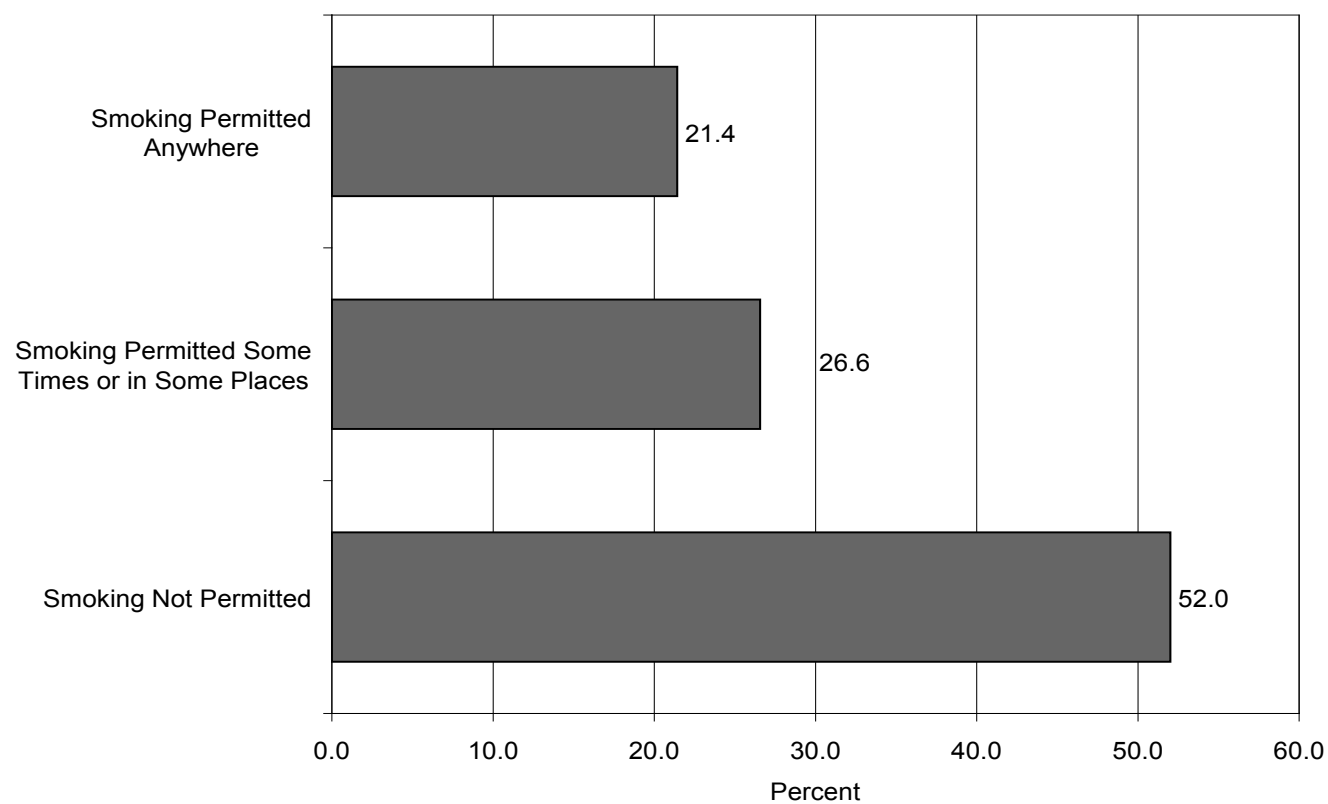
TOBACCO EXPOSURE

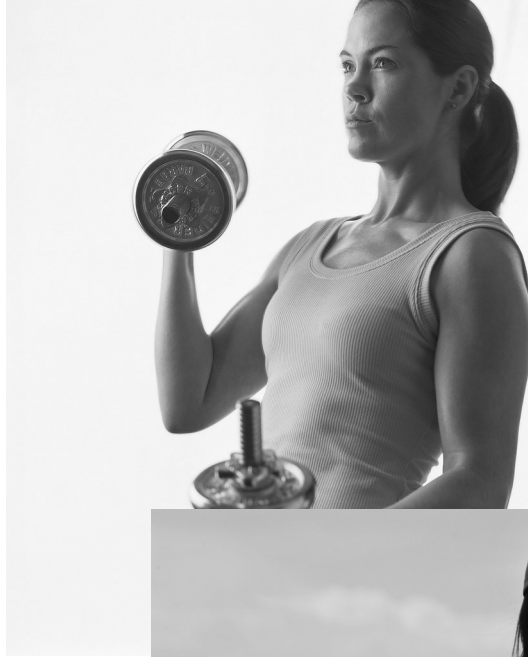
The most recent data available on exposure to secondhand tobacco smoke are from the 2000 Columbus/Franklin County Community Health Risk Assessment (CHRA).³ These data were gathered before the Franklin County Smoke Free Ordinance went into effect in early 2005:

- Fourteen percent of all Franklin County women reported being exposed to more than 6 hours per day of environmental, or secondhand, smoke.
- Exposure to secondhand smoke for over 6 hours per day is similar among White (14.0%) and Black (15.4%) women.
- Significantly more women living in low-income households are exposed to over 6 hours of environmental smoke per day than women living in middle- to high-income households (21.5% versus 10.2%, respectively).
- Almost half of all Franklin County women (48.0%) live in a home that allows indoor smoking at least some of the time.
- More White women (53.8%) than Black women (42.9%) live in a home where indoor smoking is never allowed.
- More women who live in middle- to high- income households (57.8%) live in a home where indoor smoking is never allowed compared to women living in low-income households (38.0%).

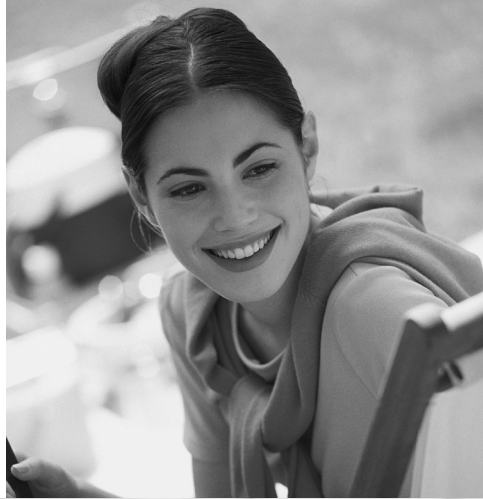
It is estimated that 10% of the 440,000 deaths that occur each year in the United States from smoking are due to environmental, or secondhand, tobacco exposure.⁸

Figure 2:6
Franklin County Women
Rules for Smoking in Household
CHRA 2000





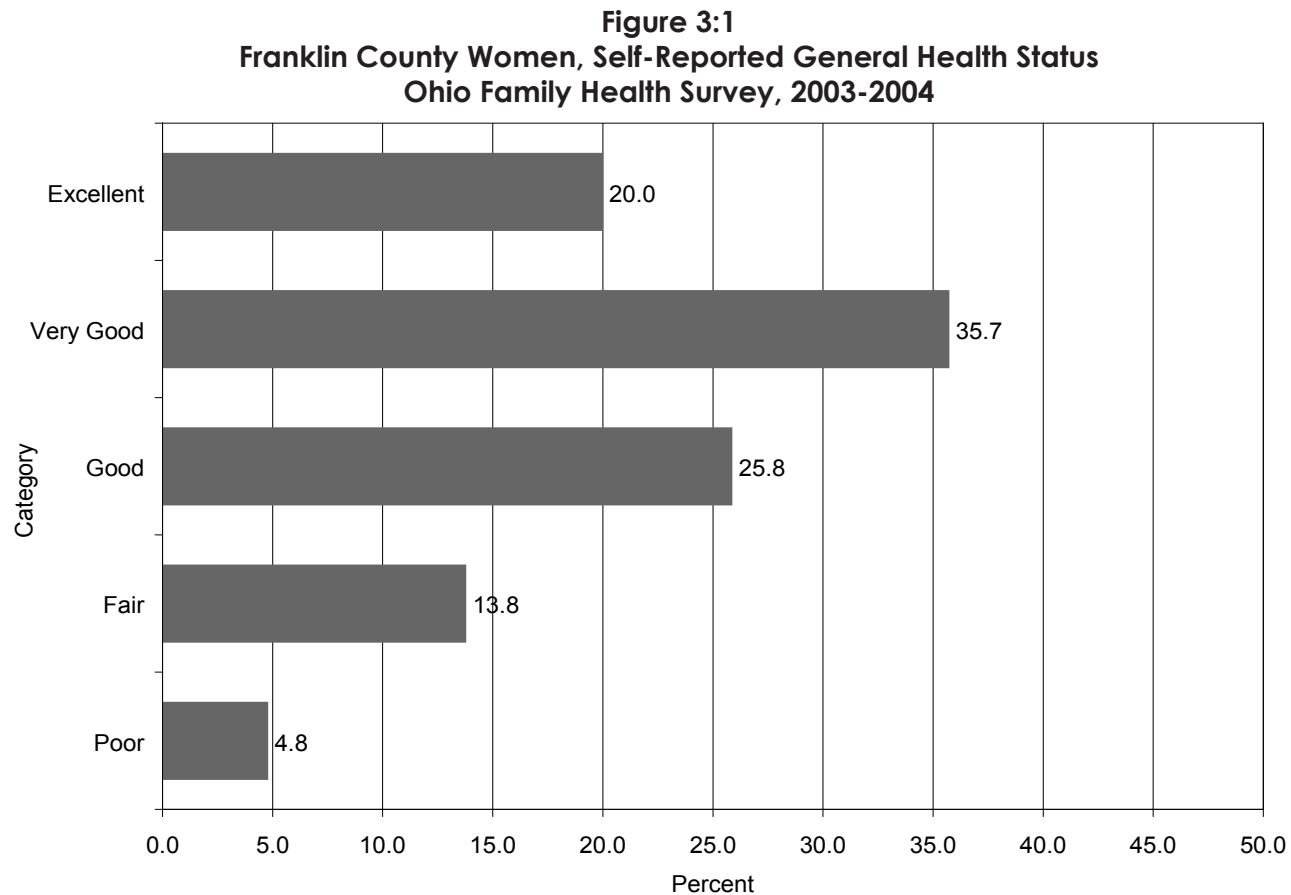
3: HEALTH STATUS



3: HEALTH STATUS

SELF-REPORTED GENERAL HEALTH STATUS ²

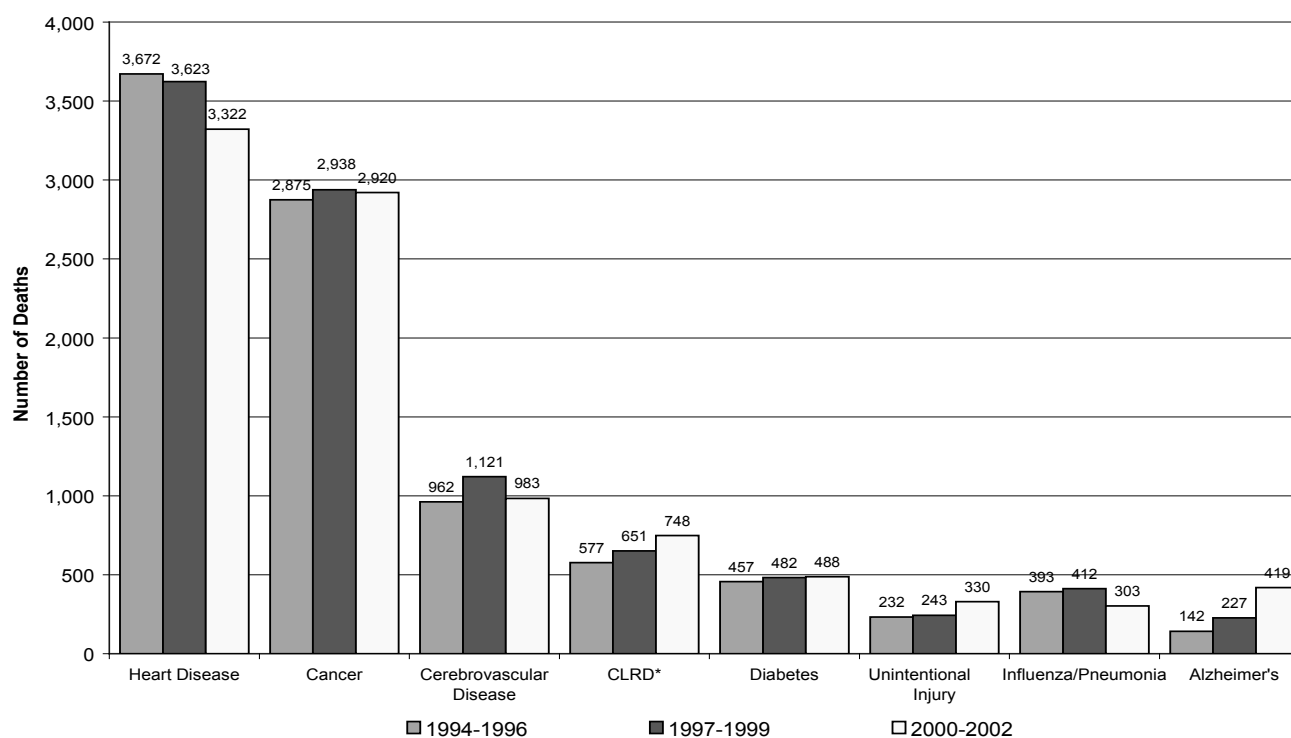
- Overall, Franklin County women consider themselves to be healthy, with over 80% reporting their health is "good," "very good," or "excellent."



LEADING CAUSES OF DEATH ⁴

- Heart disease has been the leading cause of death for Franklin County women since at least 1994, and accounted for 28.3% of all female deaths in Franklin County between 1994 and 2002.
- Cancer, the second leading cause of death, was responsible for 23.3% of all female deaths in Franklin County between 1994 and 2002.

Figure 3:2
Franklin County Women by Total Number of Deaths for Leading Causes
ODH, 1994-2002



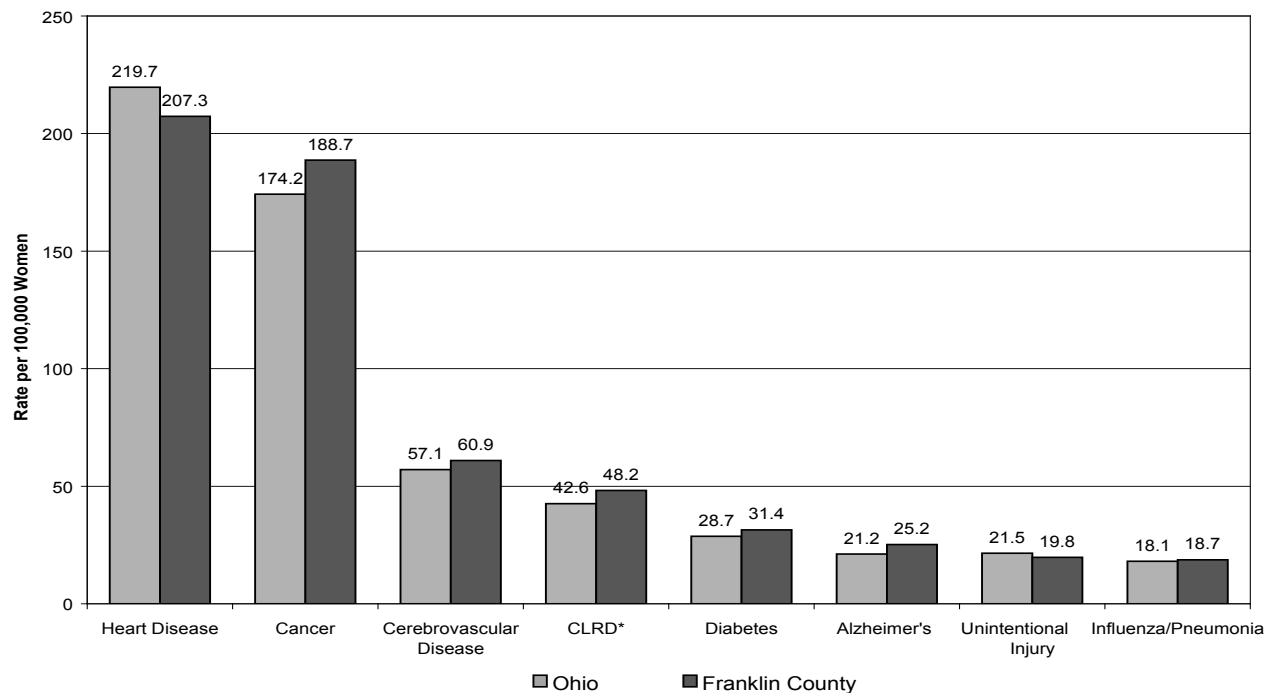
* CLRD: Chronic Lower Respiratory Disease

3: HEALTH STATUS

MORTALITY RATES ⁴

- The average age-adjusted mortality rates for 2000 through 2002 among Franklin County for deaths among all women resulting from cancers, cerebrovascular disease (stroke), chronic lower respiratory disease (CLRD), diabetes, Alzheimer's, and influenza and pneumonia were higher when compared with those for all women in Ohio.
- The Franklin County all female average age-adjusted mortality rates for diseases of the heart and unintentional injury are lower than the rates for Ohio women.

Figure 3:3
Franklin County and Ohio Women by Age-adjusted Mortality Rates for Leading Causes of Death
ODH, 2000-2002



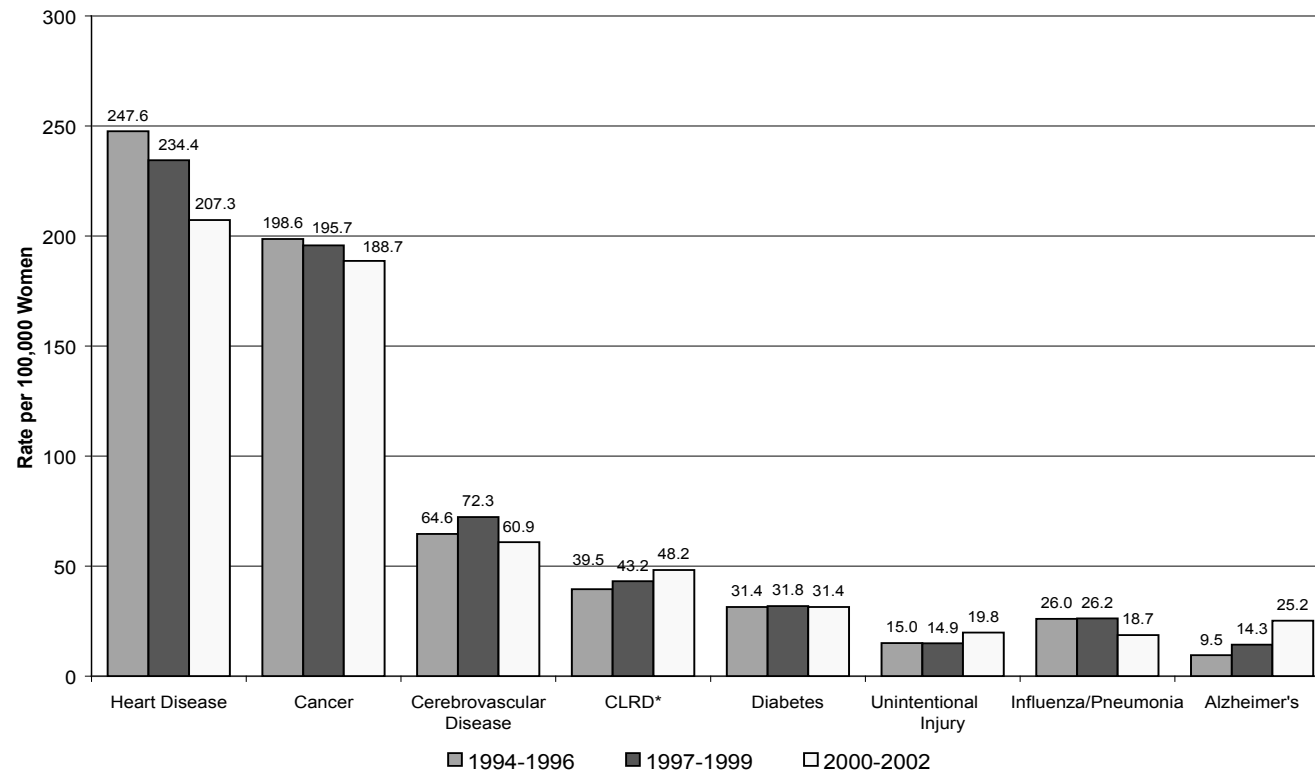
* CLRD: Chronic Lower Respiratory Disease

MORTALITY (CONTINUED)⁴

- The three-year average age-adjusted mortality rate for heart disease dropped a total of 16.6% from 251.5 per 100,000 women in 1994-1996 to 209.8 per 100,000 women in 2000-2002 .
- The rates for cancer did not decline as substantially, but still fell 5.2% from 201.2 per 100,000 women in 1994-1996 to 190.8 per 100,000 women in 2000-2002.
- After a slight temporary increase during 1997-1999, the three-year average age-adjusted death rate for influenza and pneumonia also experienced an eventual decrease, dropping 28% from 26.5 per 100,000 women (1994-1996) to 19.0 per 100,000 women (2000-2002).
- The three-year average age-adjusted chronic lower respiratory disease mortality rate increased 21.8%, from 39.9 per 100,000 women in 1994-1996 to 48.6 per 100,000 women in 2000-2002.
- The three-year average age-adjusted mortality rate for accidental deaths increased 31.6% between 1994-1996 and 2000-2002 (15.2 per 100,000 women to 20.0 per 100,000 women).
- The most dramatic increase in three-year average age-adjusted mortality rates for women in Franklin County occurred among Alzheimer's deaths, which increased by 164.0% between 1994-1996 and 2000-2002: from 9.7 deaths per 100,000 women to 25.2 per 100,000 women. (See "About the Data")

3: HEALTH STATUS

Figure 3:4
Franklin County Women by Three-year Average Age-adjusted Mortality Rates
for Leading Causes of Death
ODH, 1994-2002



* CLRD: Chronic Lower Respiratory Disease

CHRONIC DISEASES

Heart Disease ³

- The three year average age-adjusted mortality rates for heart disease among women in Ohio and Franklin County have been decreasing since 1994-1996.⁴
- The average age-adjusted mortality rate for Franklin County women for 2000 through 2002 was 207.3 per 100,000 women, which is less than the rate for Ohio (219.7 per 100,000 women) .
- Mortality from heart disease is higher among Black women than among White women. In 2000-2002, the three year average age-adjusted mortality rate for Franklin County Black women was 245.4 per 100,000 women, while the average age-adjusted mortality rate for White women was 201.1 per 100,000 women.
- This disparity also exists for all women in Ohio. In 2000-2002, the mortality rate for Black women in Ohio was 272.2 deaths per 100,000 women, which is much higher than the rate for White women (214.6 per 100,000 women).

Heart disease is the leading cause of death for all people in the United States. More than half of the persons who die each year of heart disease are women.

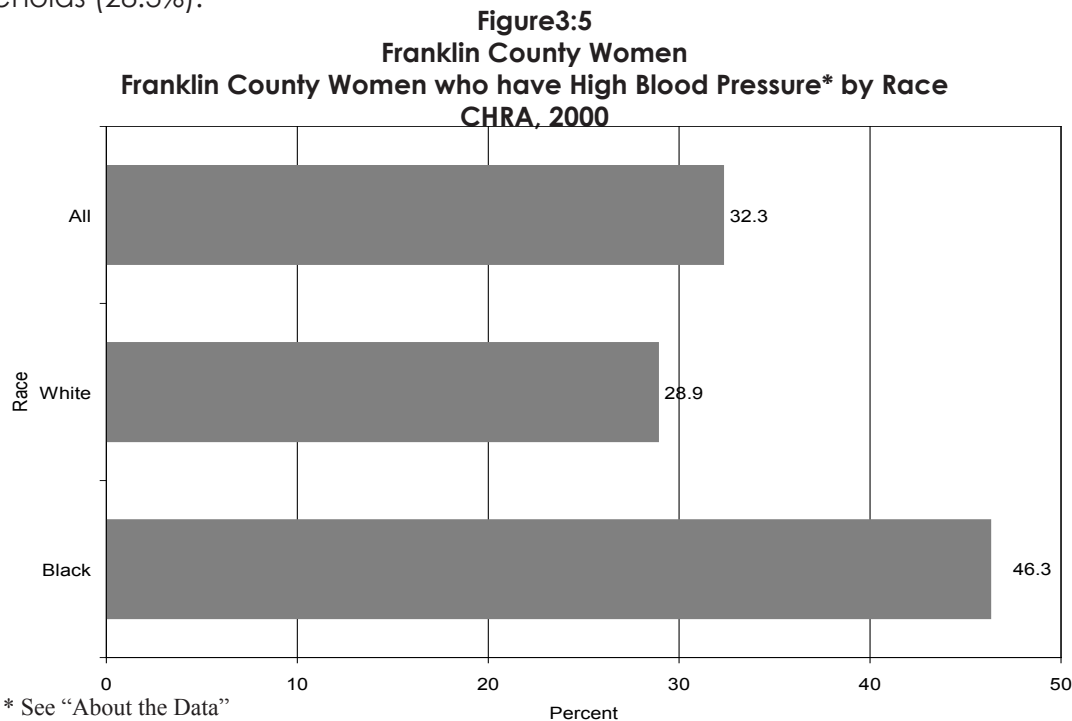
The burden of heart disease can be eliminated by reducing the prevalence of these major risk factors: hypertension, high blood cholesterol, tobacco use, physical inactivity, and poor nutrition.⁸

Note: Data on prevalence of women living with Cardiovascular disease are not currently available for Franklin County. The best available information is from the 2000 Columbus/Franklin County Community Health Risk Assessment, on risk factors such as hypertension and high blood cholesterol.

3: HEALTH STATUS

Hypertension ³

- Almost all women (98.1%) in Franklin County reported having their blood pressure checked within the past two years.
- Nearly one-third of all Franklin County women have been told that their blood pressure was high.
- Significantly more Black women (46.3%) have been told they have high blood pressure, compared with White women (28.9%).
- More women living in low-income households (37.0%) have been diagnosed with high blood pressure than women living in middle- to high-income households (28.3%).



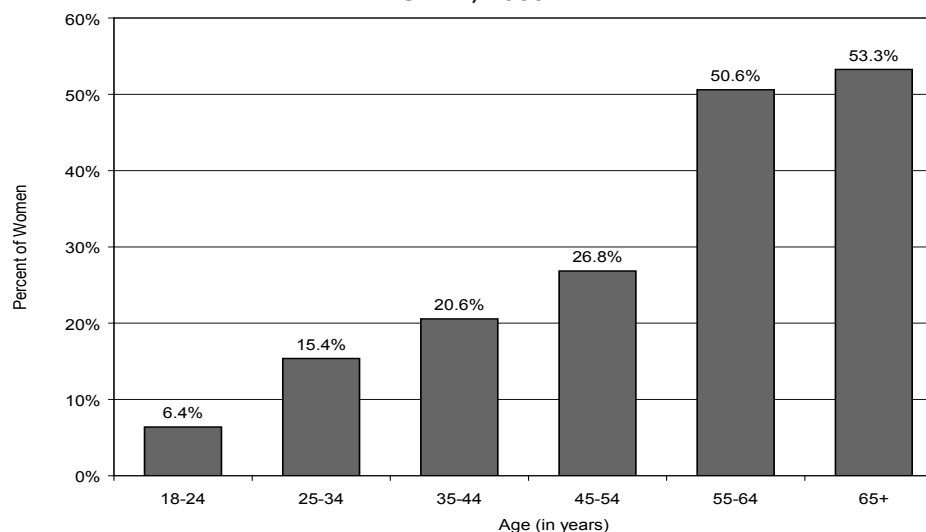
High blood pressure or hypertension is a modifiable risk factor for heart disease and stroke. Regular blood pressure screenings are an important first step in identifying and controlling high blood pressure. Medications and lifestyle changes to reduce high blood pressure can decrease the risk for heart disease, stroke, and other adverse coronary events. ⁸

High Blood Cholesterol ³

- Over 76% of Franklin County women have ever had their blood cholesterol checked.
- Nearly three-quarters (72.4%) of these women had their cholesterol checked in the past 5 years.
- One third (30.5%) of Franklin County women have been told that their blood cholesterol was high.
- The prevalence of high blood cholesterol for Black women and White women in Franklin County was similar (27.8% and 31.8%, respectively).
- High blood cholesterol is more common among women age 55-64 (50.6%) and age 65+ (53.3%) than in younger women.

High blood cholesterol is an independent risk factor for heart disease and stroke. Prevention of these conditions through control of high blood cholesterol is important. Currently, it is recommended that Americans get their blood cholesterol checked every 5 years. ⁸

Figure 3:6
Franklin County Women
"Have been told by a health professional they have High Blood Cholesterol" by Age
CHRA, 2000



3: HEALTH STATUS

Diabetes ³

Prevalence

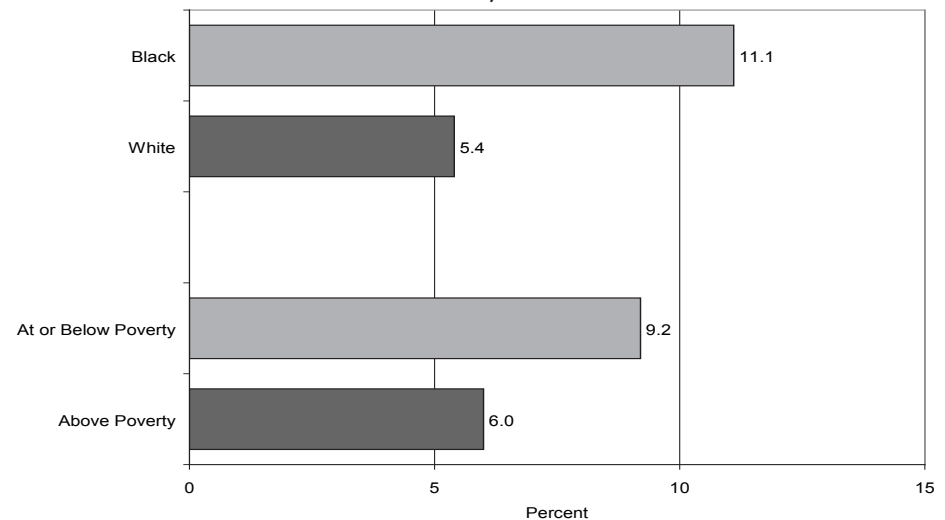
- Nearly seven percent (6.6%) of all women in Franklin County have been diagnosed with non-gestational diabetes, and 3.2% have been diagnosed with gestational diabetes.
- Approximately one-half (49.8%) of women with non-gestational diabetes check their blood glucose at least once per day.
- One quarter of non-gestational diabetic women have not seen a doctor or health professional within the past year for their diabetes.
- Significantly more Black women in Franklin County have been diagnosed with non-gestational diabetes than White women (11.1% versus 5.4%).
- The prevalence of diabetes increases significantly with age.
- The prevalence of non-gestational diabetes is significantly higher for women living in low-income households (9.2%) when compared with women living in middle to high-income households (6.0%).

Nationally, the number of women with diabetes increased by more than 50% between 1980 and 2004.

Complications resulting from diabetes include heart disease, kidney failure, leg and foot amputations, and blindness.

Early detection, improved delivery of care, and better self-management are essential in preventing the burden of diabetes in the population. ⁸

Figure 3:7
Franklin County Women Diagnosed with Diabetes by Race and by Poverty
CHRA, 2000

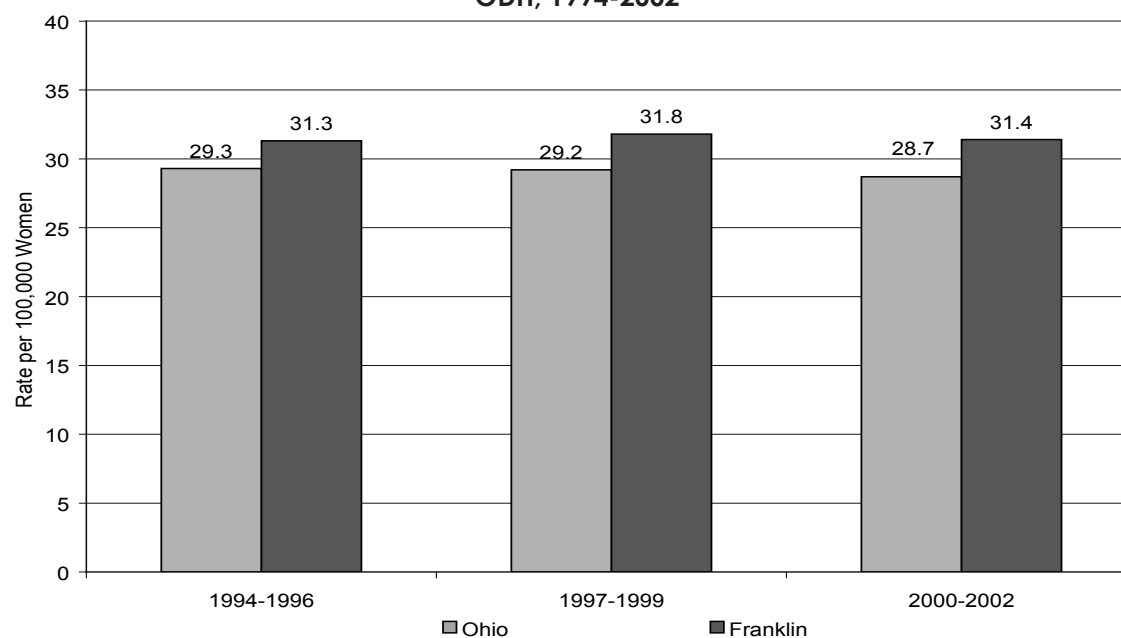


Diabetes continued

Mortality ⁴

- Diabetes is the 5th leading cause of death for Franklin County women. Between 2000 and 2002, a total of 488 women in Franklin County died of diabetes.
- Between 1994 and 2002, the three-year average age-adjusted mortality rate for diabetes in Franklin County women has been consistently higher than the rates for Ohio women.
- The 2000-2002 three-year average age-adjusted mortality rate for Black women in Franklin County is nearly three times higher than that for White women (71.7 versus 25.3 per 100,000 women).

Figure 3:8
Franklin County and Ohio Women,
Three -year Average Age-adjusted Mortality Rates for Diabetes
ODH, 1994-2002



3: HEALTH STATUS

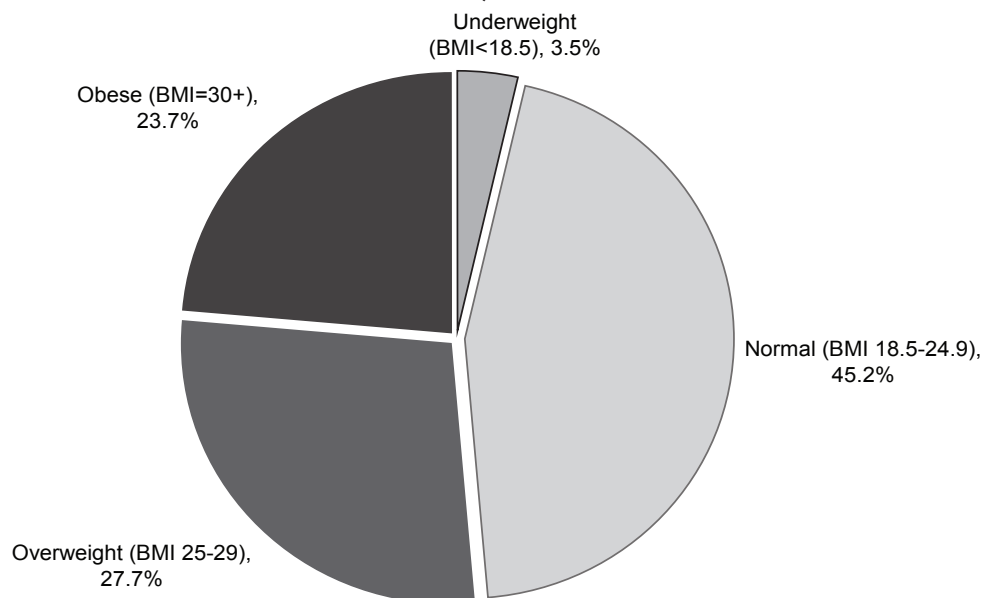
Overweight/Obesity ³

- Over 27.7% of Franklin County women are overweight, and 23.7% of women are considered "obese."
- Prevalence of overweight is higher among Black women than White women in Franklin County (65.6% versus 47.9%).
- Among all overweight women, 26.3% were advised to lose weight by their health care professional during a recent health visit. However, significantly more Black women who are overweight were counseled by a health professional to lose weight than White women who are overweight (36.8% and 22.4%, respectively).

Approximately 33% of women in the U.S. are obese, with a BMI of 30 or higher.

Obesity is a complex issue related to lifestyle, environment and genes. Obesity has been associated with increased risk of developing type II diabetes, hypertension, stroke and some cancers. ¹²

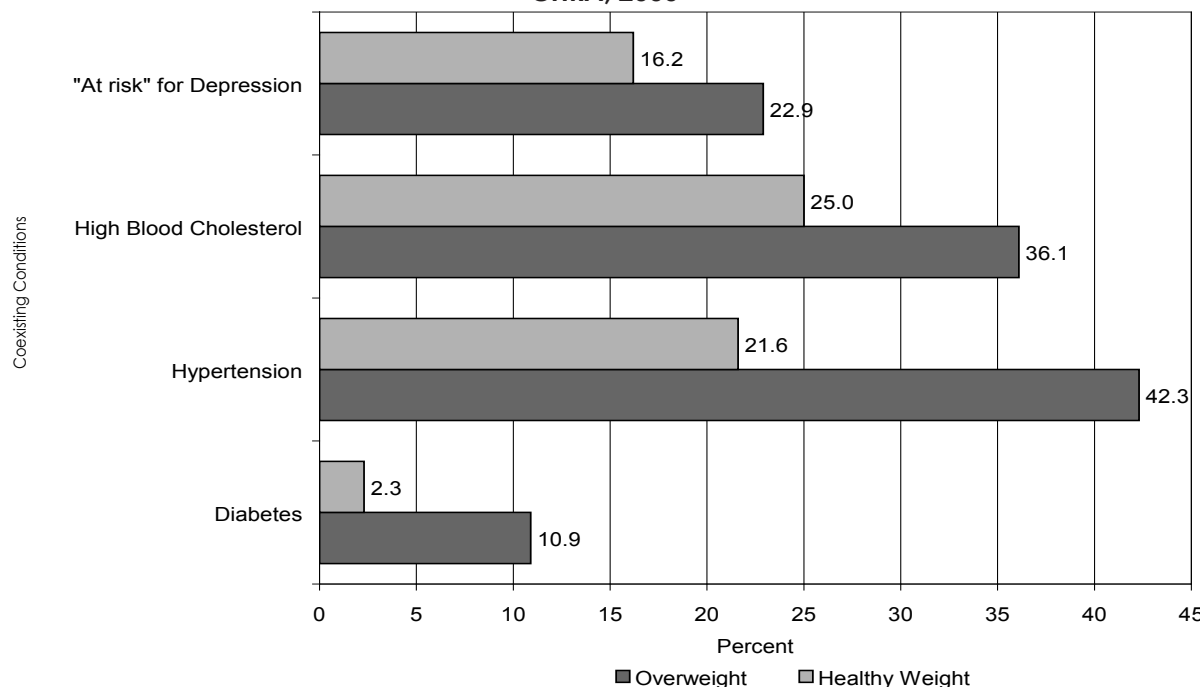
Figure 3:9
Franklin County Women, Body Mass Index
CHRA, 2000



Overweight/Obesity continued ³

- Nearly three out of ten (28.8%) women of healthy weight living in Franklin County consider themselves to be overweight, while 12.7% of overweight women believe they are at "about the right weight."
- Almost half of the women in Franklin County are currently trying to lose weight (49.6%). Of those who are trying to lose weight, 5.9% are considered underweight, 35.0% are considered a healthy weight, and 62.8% are considered overweight.
- Overweight women typically have several comorbidities (e.g., diabetes, hypertension, high blood cholesterol, etc.) in addition to their excess weight.

Figure 3:10
Franklin County Women, Prevalence of Diagnosed Coexisting Conditions by Weight
CHRA, 2000



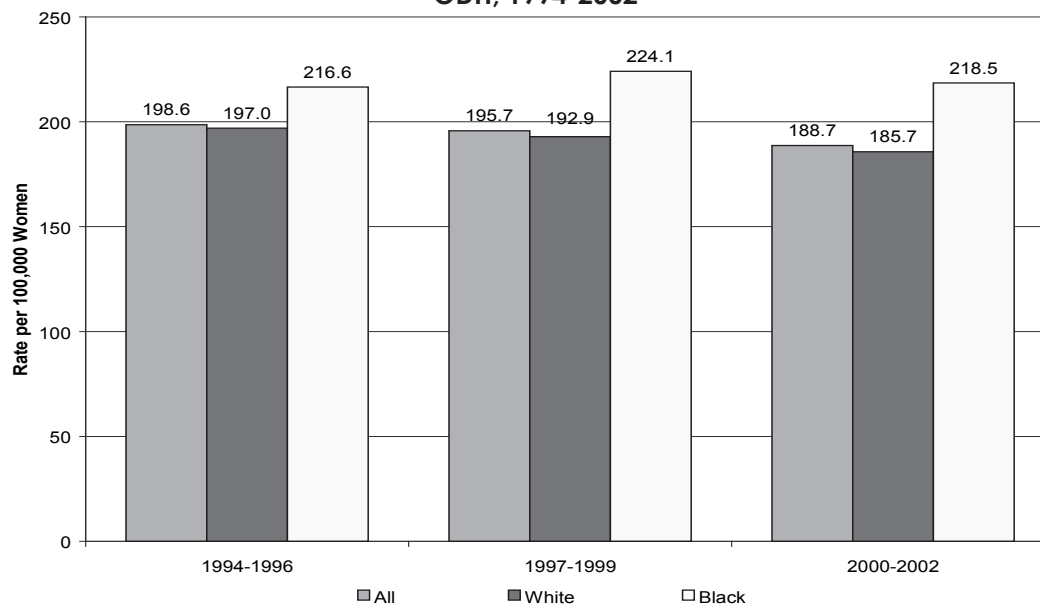
3: HEALTH STATUS

CANCER

All Cancer ⁴

- The three-year average age-adjusted mortality rate for cancer (all types) among women in Franklin County was higher than the rate for women in Cuyahoga and Hamilton counties, and the state of Ohio between 1994 and 2002.
- From 1994 to 2002, Black women in Franklin County consistently had higher cancer mortality rates than White women.

Figure 3:11
Franklin County Women, Three-Year Average Age-adjusted Mortality Rates
for Cancer by Race
ODH, 1994-2002



Malignant neoplasms, commonly referred to as cancer, are the 2nd leading cause of death in the U.S. It is estimated that, in the U.S., 1 out of every 4 deaths is due to cancer.

According to the American Cancer Society, effective strategies exist for reducing the number of both new cases of cancer and deaths caused by cancer. These include decreasing the prevalence of behavioral and environmental factors that increase people's cancer risk and ensuring that evidence-based screening tests and treatment services are available and accessible. ¹¹

Figure 3:12
Franklin County Women, Annual Age-Adjusted
Incidence Rates by Cancer Site
ODH, 1996-2002

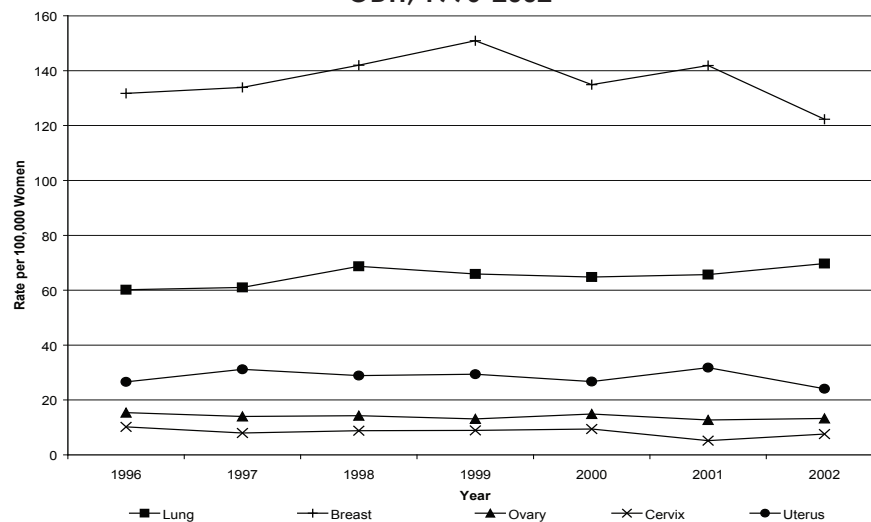
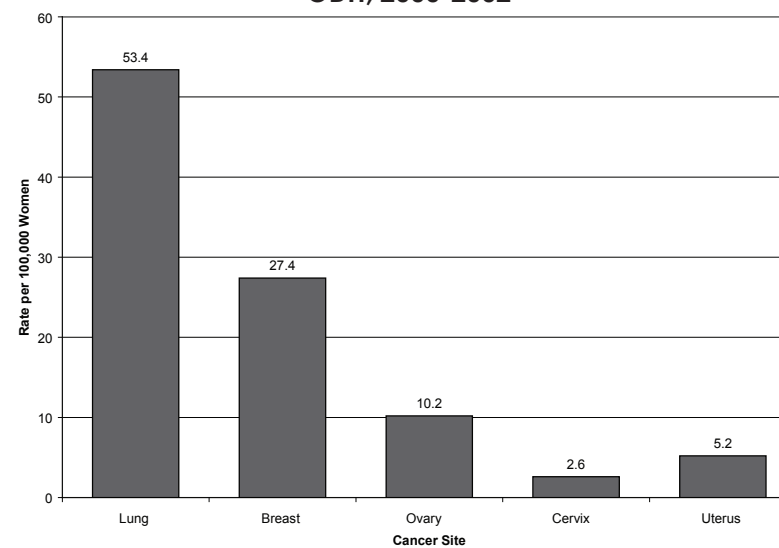


Figure 3:13
Franklin County Women, Three-year Average Age-Adjusted
Mortality Rates by Cancer Site
ODH, 2000-2002



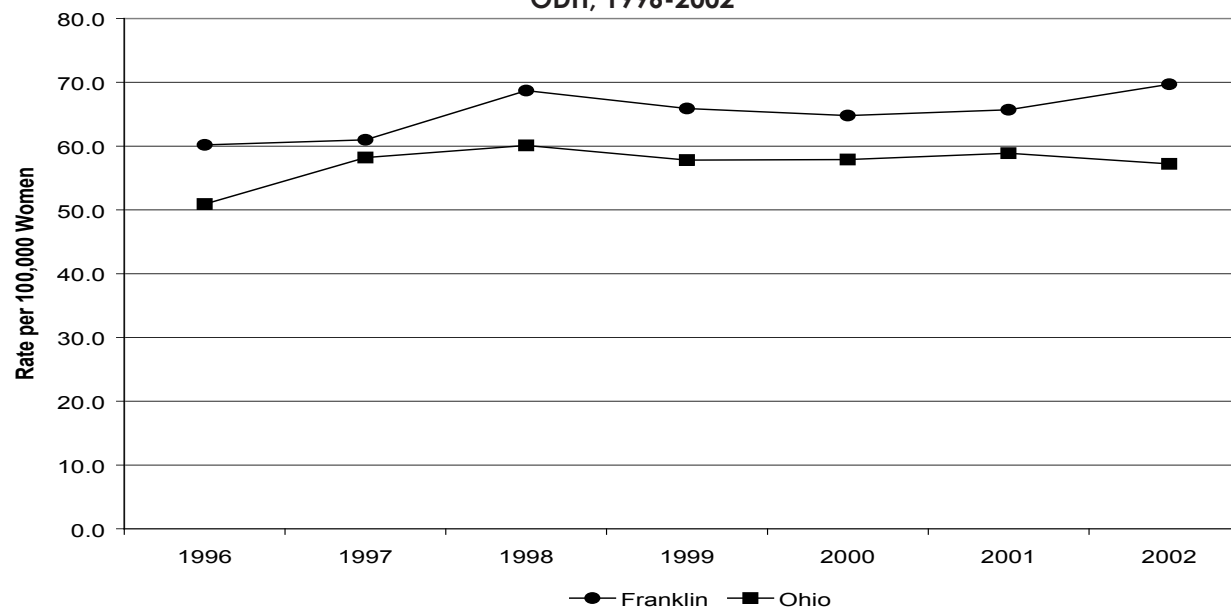
3: HEALTH STATUS

Lung Cancer ⁴

Incidence

- In 2002, Franklin County women had a higher incidence rate of lung cancer than women in the state of Ohio (69.7 and 57.2, respectively).
- The incidence of lung cancer was slightly lower for Black women in 2002 than for White women (69.2 and 70.4, respectively).

Figure 3:14
Franklin County and Ohio Women,
Annual Age-Adjusted Incidence Rates for Lung Cancer*
ODH, 1996-2002



* Includes cancer of the trachea and bronchus.

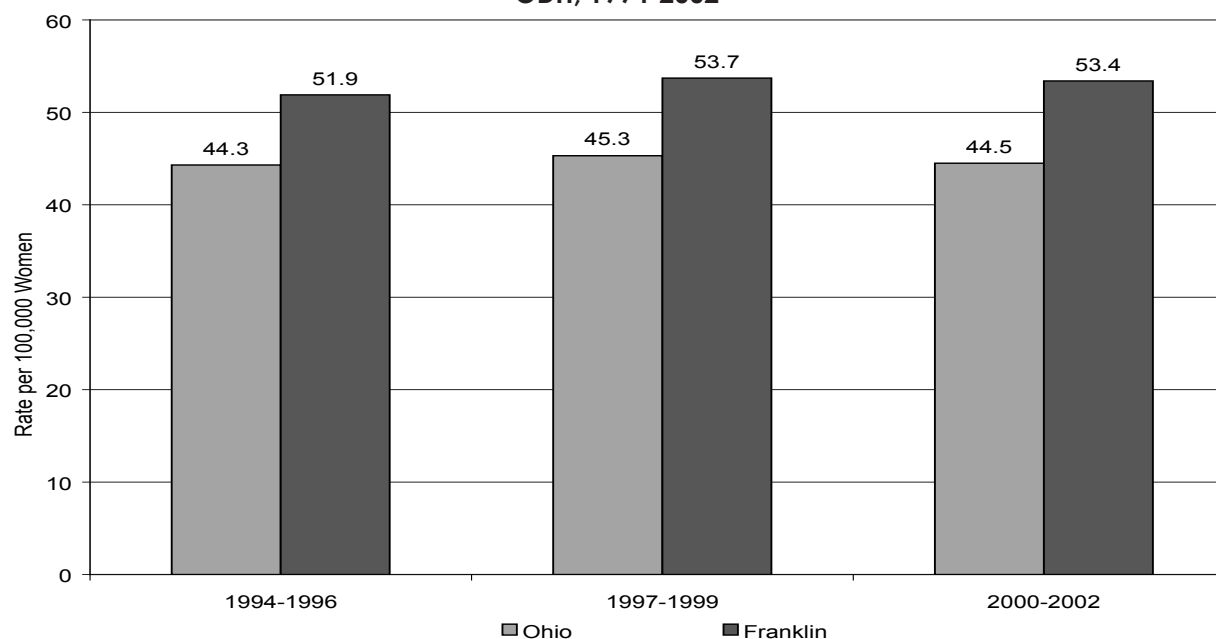
Lung cancer is the leading cause of cancer death among women; it surpassed breast cancer in 1987. ¹¹ Smoking tobacco is the major risk factor for lung cancer. In the United States, almost 80% of lung cancer deaths in women are due to smoking. ⁸

Lung Cancer ⁴

Mortality

- Lung cancer is the leading cause of cancer death for women in Franklin County.
- The three-year average age-adjusted mortality rates over the past decade have been consistently higher for women in Franklin County than for all women in the state of Ohio.
- The average age-adjusted mortality rate for 2000 through 2002 is higher for White women in Franklin County than for Black women in Franklin County (55.0 and 48.6 per 100,000, respectively).

Figure 3:15
Franklin County and Ohio Women, Three-year Average Age-Adjusted Mortality Rates for Lung Cancer*
ODH, 1994-2002



* Includes cancer of the trachea and bronchus.

3: HEALTH STATUS

Breast Cancer ⁴

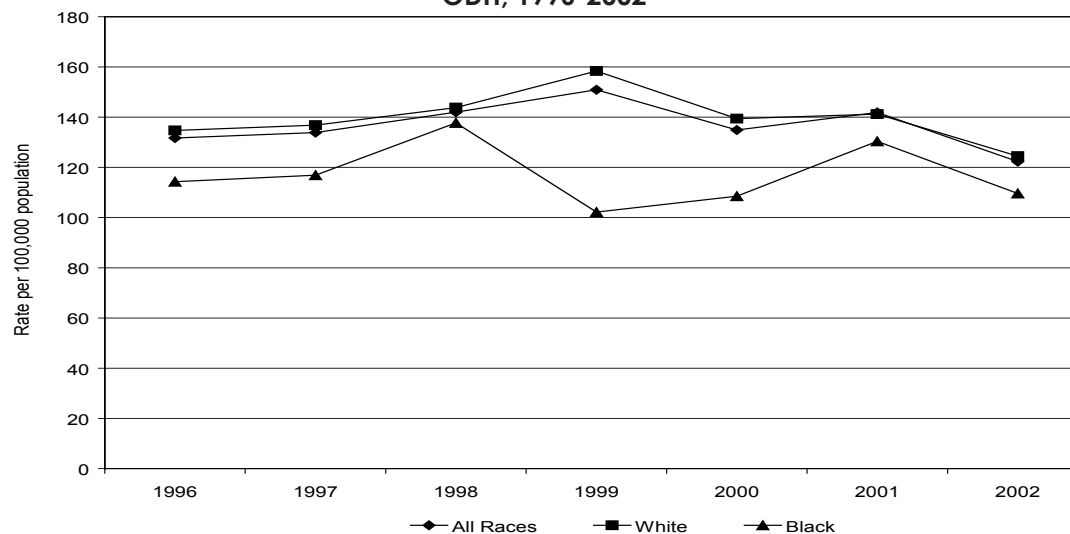
Incidence

- The incidence of breast cancer among Franklin County women has steadily decreased since 1997 when looking at 3 year averages.
- From 2000 through 2002, the average age-adjusted incidence rate for breast cancer was higher for women in Franklin County (132.9 per 100,000) than for women in Ohio (126.0 per 100,000). During the same time period, the average incidence rate was higher in both Cuyahoga (134.3 per 100,000) and Hamilton (141.5 per 100,000) counties.
- Since at least 1996, the incidence of breast cancer has remained higher among White women in Franklin County than among Black women.

Breast cancer is the most frequently diagnosed cancer and the 2nd leading cause of cancer-related deaths among women in the U.S.

Mammography is the best available method for detecting breast cancer in its earliest, most treatable stage.¹¹

Figure 3:16
Franklin County Women, Average Annual Breast Cancer Age-adjusted Incidence Rates
by Race
ODH, 1996-2002

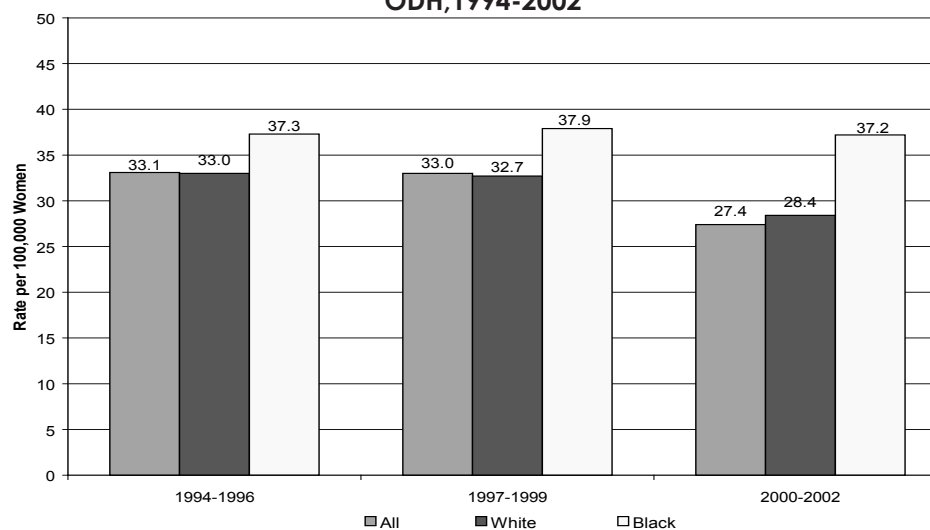


Breast Cancer

Mortality ⁴

- In 2000-2002, the three-year average age-adjusted mortality rate for breast cancer among Franklin County women was 27.4 deaths per 100,000 women.
- The breast cancer mortality rate for Franklin County is about the same as the state of Ohio (28.4 deaths per 100,000).
- Even though the incidence rate for breast cancer among Black women has been consistently lower than for White women, the mortality rate for Black women has been consistently higher than the mortality rate for White women.
- The three-year average age-adjusted mortality rates have decreased slightly for White women (1994-1996 versus 2000-2002), while the mortality rates have remained relatively the same for Black women.

Figure 3:17
Franklin County Women,
Three-year Average Age-adjusted Mortality Rates for Female Breast Cancer by Race
ODH, 1994-2002



3: HEALTH STATUS

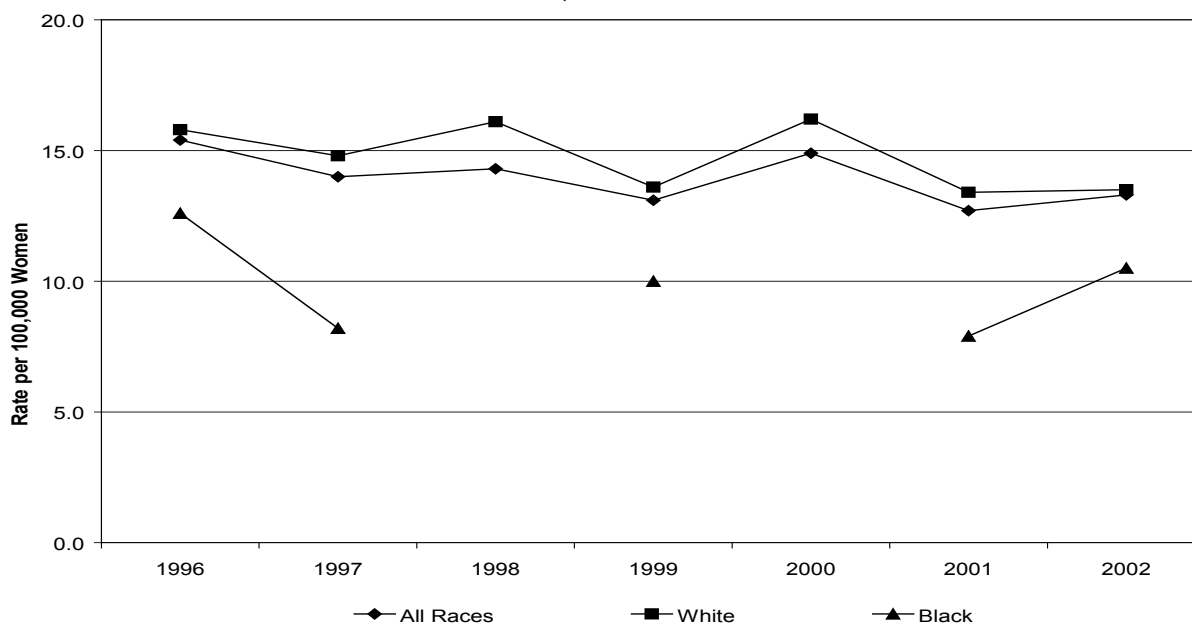
Ovarian Cancer ⁴

Incidence

- The 2000-2002 average age-adjusted ovarian cancer incidence in Franklin County women was slightly higher than the rate for the state of Ohio (13.6 and 11.5 per 100,000, respectively).
- The three-year average age-adjusted incidence rate for 2000-2002 was higher among White women than among Black women (14.3 versus 8.3 cases per 100,000, respectively) in Franklin County.

Ovarian cancer accounts for only 3% of all cancers among U.S. women. However more deaths can be attributed to ovarian cancer than to any other cancer of the female reproductive system.¹⁰

Figure 3:18
Franklin County Women, Annual Ovarian Cancer Age-Adjusted Incidence Rates by Race
ODH, 1996-2002



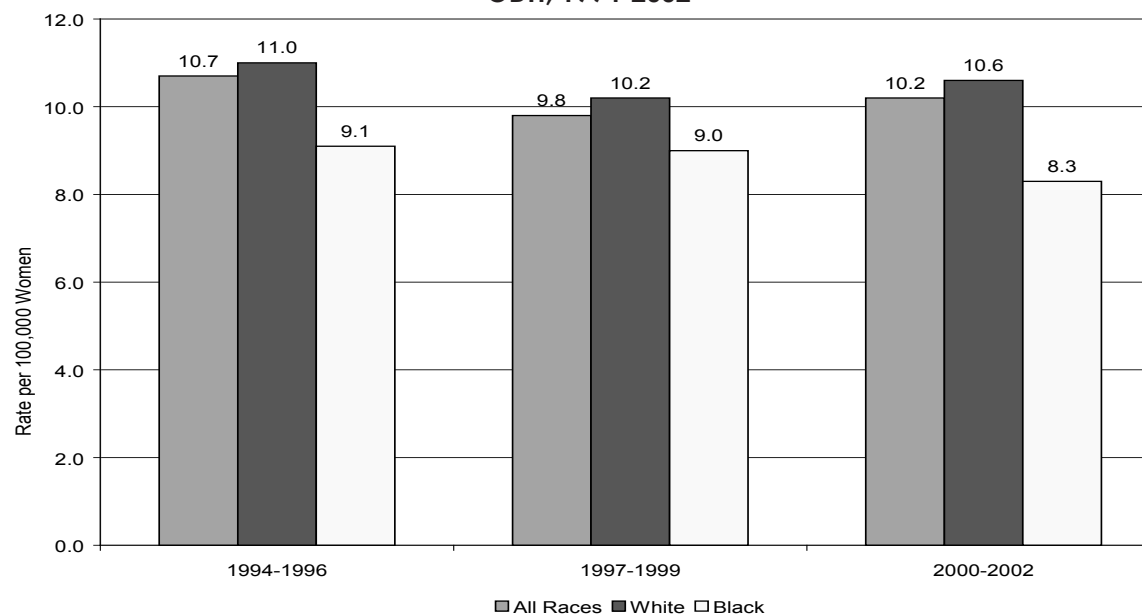
Note: Rates for Black women in 1998 and 2000 were not calculated due to low case counts.

Ovarian Cancer ⁴

Mortality

- The Franklin County 2000-2002 three-year average age-adjusted mortality rate for ovarian cancer was 10.2 deaths per 100,000 population. This rate is higher than for all women in Ohio (8.8 deaths per 100,000).
- The 2000-2002 three-year average age-adjusted mortality rate for White women in Franklin County was higher than the rate for Black women (10.6 versus 8.3 deaths per 100,000 women). Additionally, the mortality rate for Black women has steadily decreased between 1994 and 2002.
- The mortality rate for ovarian cancer steadily increases with a woman's age.

Figure 3:19
Franklin County Women, Three-year Average Age-adjusted Mortality Rates for
Ovarian Cancer by Race
ODH, 1994-2002



3: HEALTH STATUS

Cervical Cancer ⁴

Incidence

- The 2000-2002 three-year average age-adjusted cervical cancer incidence rate was slightly lower for Franklin County than for Ohio, Cuyahoga, and Hamilton counties.

Mortality

- The 2000-2002 three-year average age-adjusted cervical cancer mortality rate for Franklin County was 2.6 deaths per 100,000 women.
- The Franklin County mortality rate mentioned above is about the same as the mortality rate for state of Ohio and for Cuyahoga County (both 2.7 deaths per 100,000) and lower than Hamilton County (4.1 deaths per 100,000 population).

The incidence of invasive cervical cancer has decreased significantly over the last 40 years, in large part because of screening. Routine screening for cervical cancer can prevent most occurrences of this disease. ⁸

"In June 2006, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the first vaccine developed to prevent cervical cancer and other diseases in females caused by certain types of genital human papillomavirus (HPV). The vaccine, Gardasil®, protects against four HPV types, which together cause 70% of cervical cancers and 90% of genital warts.

The Food and Drug Administration (FDA) recently licensed this vaccine for use in girls/women, ages 9-26 years. The vaccine is given through a series of three shots over a six-month period."

-The Centers for Disease Control and Prevention

Uterine Cancer ⁴

Incidence

- The three-year average age-adjusted incidence rate for uterine cancer for 2000-2002 was 27.5 cases per 100,000 population.
- The above rate was lower than Cuyahoga County (30.1 cases), but higher than Hamilton County and the state of Ohio (24.6 and 26.3 cases, respectively).
- During this time period, Franklin County White women had a higher incidence rate than Black women (28.7 versus 18 cases per 100,000).

Accounting for 6% of all cancers among women in the U.S., uterine (endometrial) cancer is the most common gynecologic cancer. ¹¹

Mortality

- Between 2000 and 2002, the Franklin County three-year average age-adjusted mortality rate for uterine cancer was 5.2 deaths per 100,000 population.
- The above rate is about the same as for women in Cuyahoga County (5.3 deaths) and slightly higher than for women in the state of Ohio and Hamilton County (4.5 and 4.1 deaths per 100,000 population, respectively).
- The three-year (2000-2002) age-adjusted mortality rate for Black women in Franklin County was almost two times the rate for White women (8.8 versus 4.5 deaths per 100,000 women).
- The mortality rate for uterine cancer increases steadily with a woman's age.

3: HEALTH STATUS

INFECTIOUS DISEASES

HIV/AIDS ⁴

- By the end of 2003, there were 435 women living with HIV/AIDS in Franklin County, which accounted for 17.0% of the total 2,553 HIV/AIDS cases in the county.
- Franklin County women accounted for 15.1% of the total number of women living with HIV/AIDS in the state of Ohio (Table 3:1).
- The HIV/AIDS rate for women in Franklin County at the end of 2003 (79.1 living with HIV/AIDS per 100,000 women) is comparable to the rate in Hamilton County (74.4 per 100,000), and is higher than the rate for the state of Ohio (49.4 per 100,000).
- As of 2003, 153 (35.2%) of the 435 women living with HIV in Franklin County had been diagnosed with AIDS.
- Since the beginning of the HIV/AIDS epidemic in 1981 until the end of 2003, a total of 237 AIDS cases were reported among Franklin County women, a figure that is higher than the cumulative number of female AIDS cases in Hamilton County (160), but is considerably less than in Cuyahoga County (546).

HIV/AIDS is a growing and persistent threat to women in the United States, particularly minority and young women.

Today, women account for more than one quarter of all new HIV/AIDS diagnoses. ¹⁰

Between 1999 and 2003, the number of AIDS diagnoses among US women increased by 15%, compared with only 1% of US men. ⁹

Table 3:1
Demographic Characteristics of HIV/AIDS Population for Select Geographic Locations in Ohio
ODH HIV/AIDS Surveillance Program, as of December 31, 2003

	Franklin County		Cuyahoga County		Hamilton County		Ohio	
	Number	Percent*	Number	Percent*	Number	Percent*	Number	Percent*
All Women	435		738		329		2,884	
White	127	29.1%	133	18.0%	84	25.5%	985	34.2%
Black	268	61.6%	480	65.0%	230	69.9%	1,594	55.3%
Other	22	5.1%	104	14.1%	6	1.8%	221	7.7%

* Percent calculated using total number of women with in geography as denominator. Percent may not add to 100% due to missing/unknowns.

HIV/AIDS continued ⁴

- Black women make up nearly two thirds (61.6%) of women living with HIV/AIDS in Franklin County.
- The HIV/AIDS prevalence rate for Black women in Franklin County is over 8 times higher than the rate for White women (253.0 living with HIV/AIDS per 100,000 women versus 30.7 living with HIV/AIDS per 100,000 women) (Table 3:2).
- By the end of 2004, the most common method of HIV transmission among Franklin County women remained unknown or from unidentified sources (54.8%); 33.7% of cases resulted from heterosexual contact.

Table 3:2
HIV/AIDS Prevalence Rates by Race for Select Geographic Locations in Ohio
ODH HIV/AIDS Surveillance Program, as of December 31, 2003

	Franklin County	Cuyahoga County	Hamilton County	Ohio
	Rates*	Rates*	Rates*	Rates*
All Women	79.1	100.3	74.4	49.4
White	30.7	27.4	26.2	19.9
Black	253.0	227.1	210.1	226.2
Other	73.2	266.6	46.8	113.9

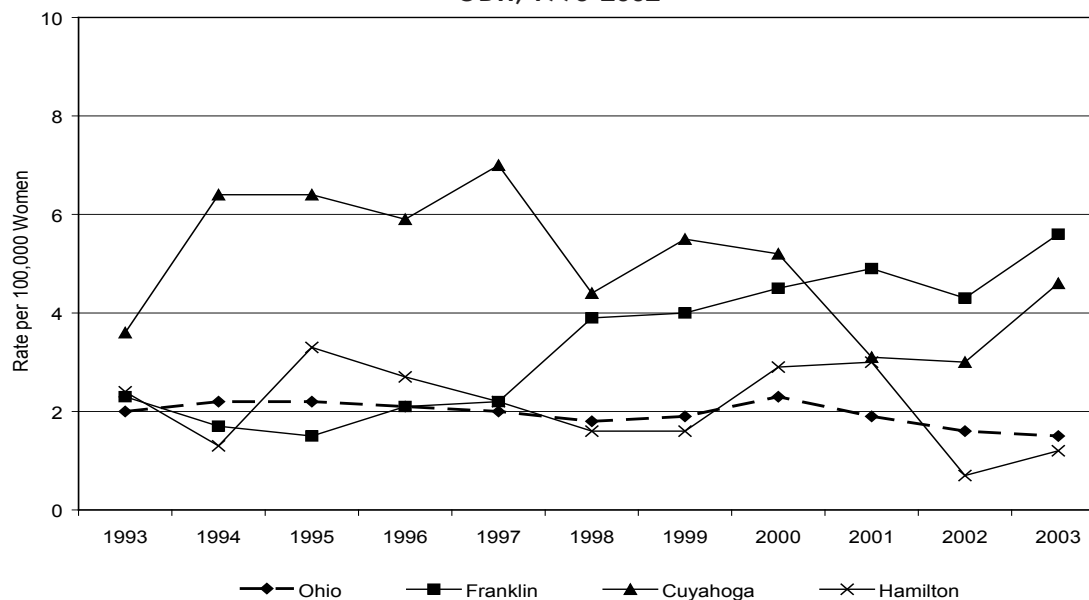
* Rate = Number of women living with HIV/AIDS per 100,000 women based on U.S. Census 2000.

3: HEALTH STATUS

Tuberculosis (TB) ⁴

- Tuberculosis incidence among women in Franklin County has increased from 2.3 per 100,000 women in 1997, to 5.6 per 100,000 women in 2003. This is in contrast to the rates for women in Ohio, which have remained stable during the same time period.
- In 2003, the incidence of TB among Franklin County women was over 3 times the rate for women in Ohio (5.6 women versus 1.2 per 100,000 women).
- Since 2000, young women (15-24 years) have had tuberculosis infection rates higher than any other age group. In 2003, the rate among 15-24 year olds was 51.6% higher than that of the next highest age group (25-44 years) (9.4 versus 6.2 cases per 100,000 women).

Figure 3:20
Tuberculosis Incidence Rates by Select Geographic Locations in Ohio
ODH, 1993-2002



Tuberculosis (TB) rates have declined in the U.S. over the past decade.

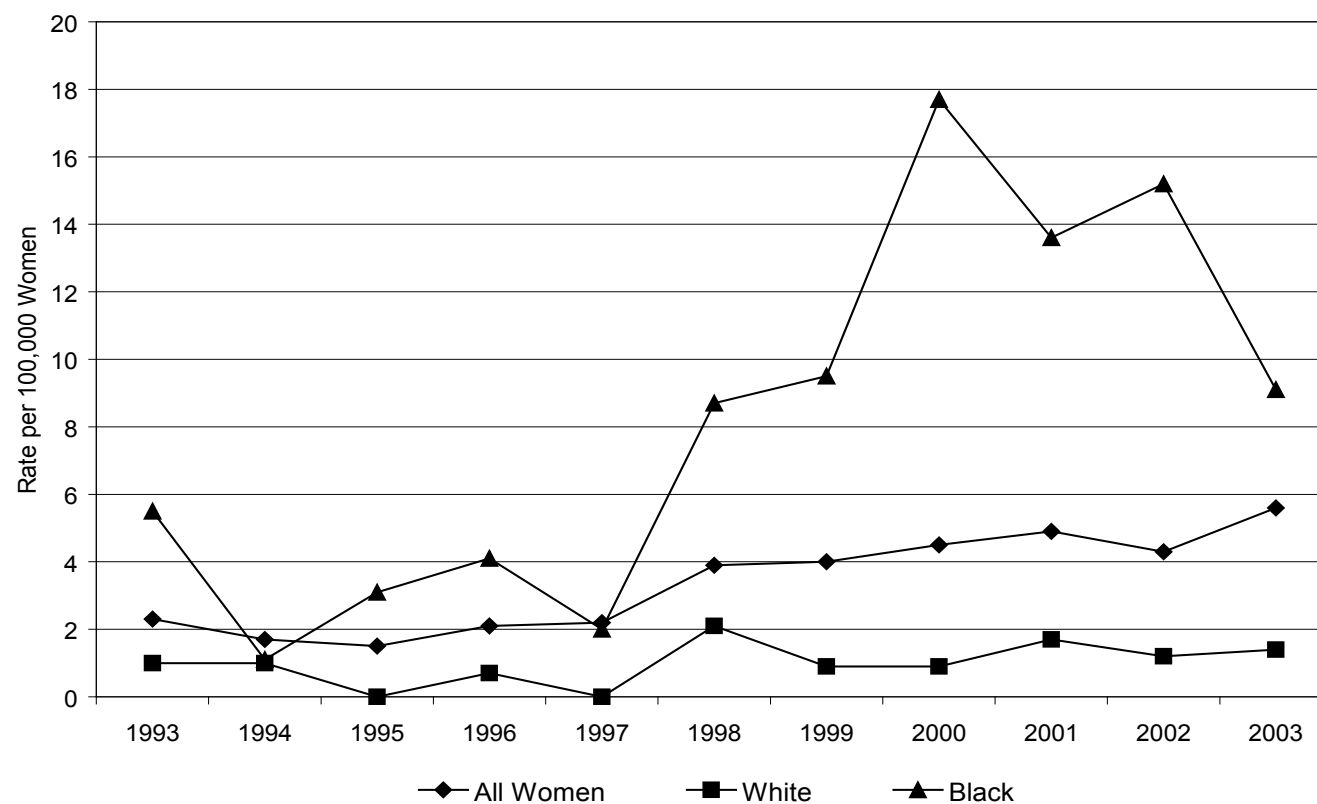
More than half of the cases in the U.S. occur among foreign-born persons. The case rate among this population was more than 8 times greater than U.S. born persons.

"Essential elements for controlling TB in the U.S. include sufficient local resource, interventions targeted to populations with the highest TB rates, and continued collaborative efforts with other nations to reduce TB globally." ⁷

Tuberculosis continued ⁴

- Since 1998 the incidence rate of tuberculosis in Black women has been much higher than in White women. In 2003, the rate of tuberculosis among Black women was 9 times that of White women (9.1 and 1.4 per 100,000, respectively).

Figure 3:21
Franklin County Women, Tuberculosis Incidence Rates by Race
ODH, 1993-2003



3: HEALTH STATUS

Influenza and Pneumonia ⁴

- In 2002, the age-adjusted mortality rates for influenza and pneumonia among women in the state of Ohio, in Franklin County and in Cuyahoga County were similar (approximately 18 deaths per 100,000 women), and all three have experienced declining rates since 2000.
- Approximately 1,000 women in Franklin County died of influenza or pneumonia between 1994 and 2002. The majority of those deaths (89%) occurred among White women.

Influenza and pneumonia is the 7th leading cause of death for women in the United States.⁸

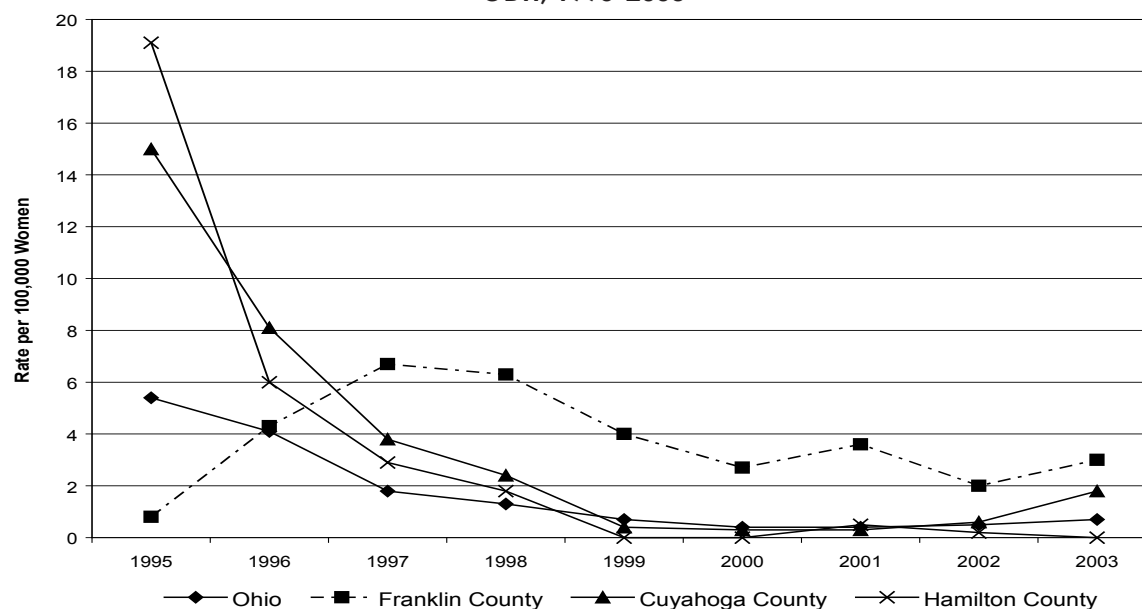
Sexually Transmitted Diseases

Syphilis ⁴

- There were 17 cases of syphilis reported among Franklin County women in 2003.
- In 2003, the incidence rate of syphilis among all women in Franklin County was 3.0 cases per 100,000 women.
- The incidence rate for syphilis in Franklin County has remained higher than Cuyahoga and Hamilton counties and the state of Ohio since 1997.

Syphilis is a sexually transmitted bacterial infection caused by the bacterium *Treponema pallidum*. The primary stage of syphilis is usually marked by the appearance of a single sore (called a chancre), but there may be multiple sores. Skin rash and mucous membrane lesions characterize the secondary stage. There is an estimated 2- to 5-fold increased risk of acquiring HIV infection when syphilis is present. In addition, untreated syphilis infection can adversely affect pregnancy outcomes.⁵

Figure 3:22
Syphilis Incidence Rates by Select Geographic Locations in Ohio
ODH, 1995-2003



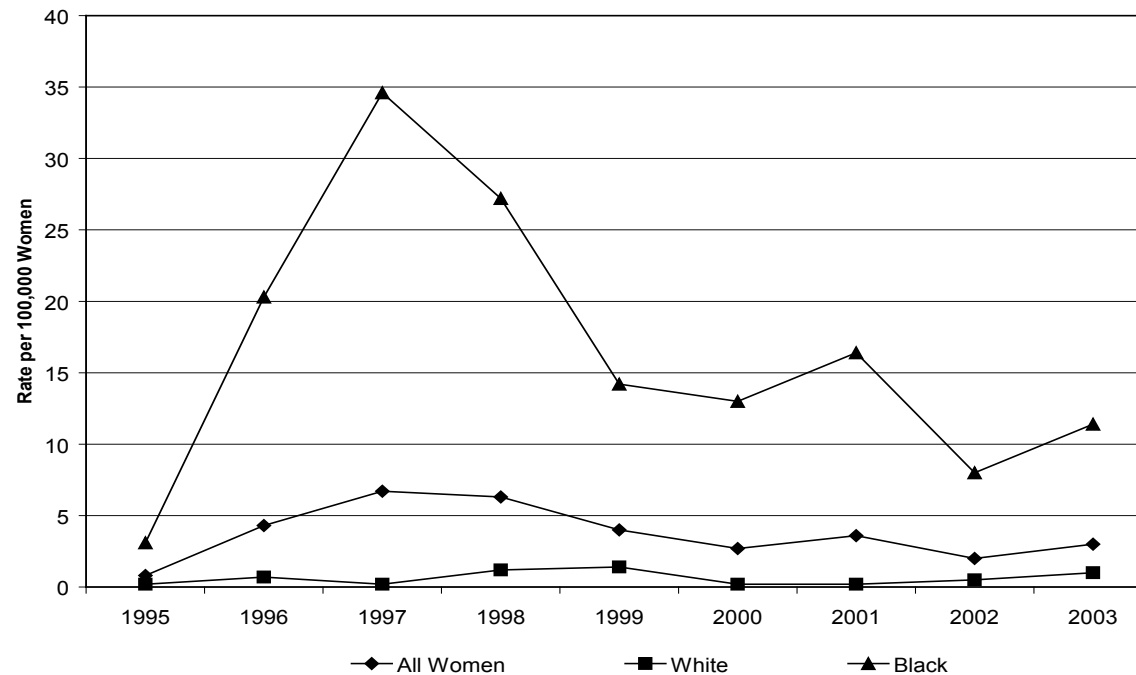
Note: For the purpose of this report, "syphilis" includes both primary and secondary stage syphilis.

3: HEALTH STATUS

Syphilis continued ⁴

- While the actual number of cases has remained small, syphilis disproportionately affects Black women, who accounted for 76.4% of the female cases in 2003.
- The incidence for White women was 1.0 case per 100,000 women, while among Black women the incidence was 11.4 cases per 100,000 women.

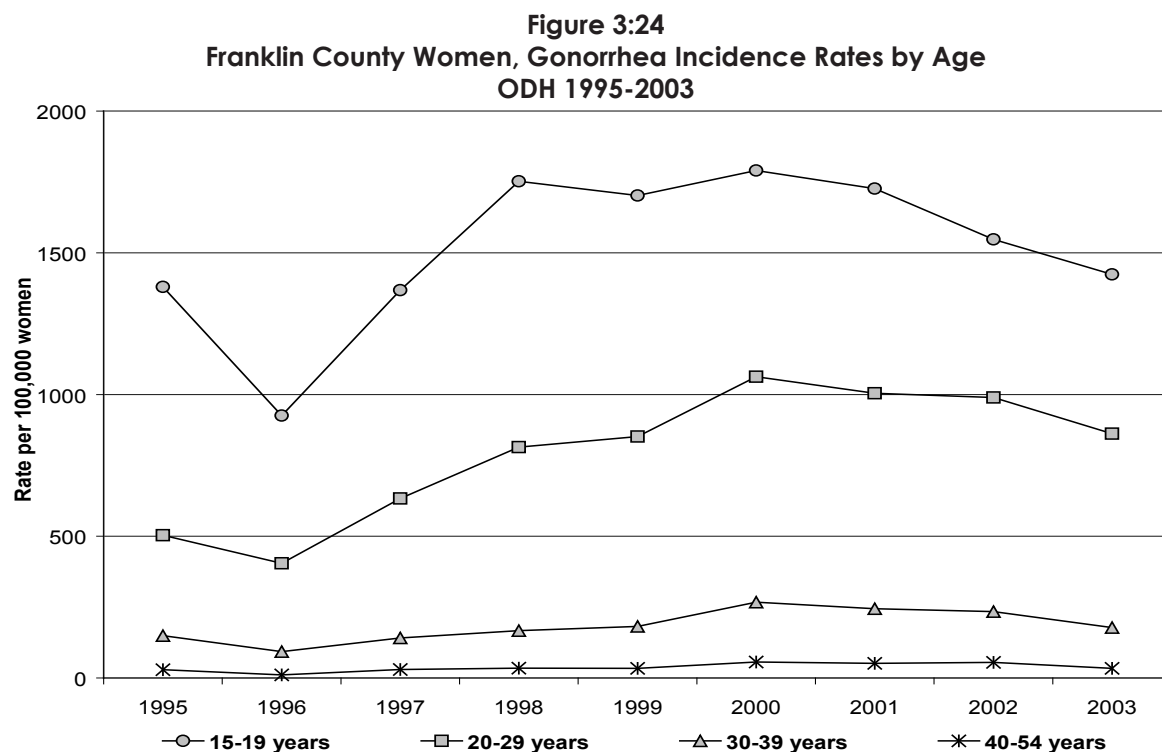
Figure 3:23
Franklin County Women, Syphilis Incidence Rates by Race
ODH 1995-2003



Gonorrhea ⁴

- The incidence among women in Cuyahoga and Hamilton counties and in the state of Ohio has continued to increase since the late 1990s. In contrast, the incidence of gonorrhea among Franklin County women has been decreasing since 1999.
- Young women (ages 15-19 years) in Franklin County are at the highest risk of gonorrhea infection among all females, but the incidence for this group has been steadily declining since 2000.

Gonorrhea is the 2nd most commonly reported notifiable disease in the United States (6). Like syphilis, infection with gonorrhea facilitates HIV infection. Gonorrhea is particularly harmful to women and it is a major cause of pelvic inflammatory disorder, which can lead to tubal infertility, ectopic pregnancy, and chronic pelvic pain. ⁵



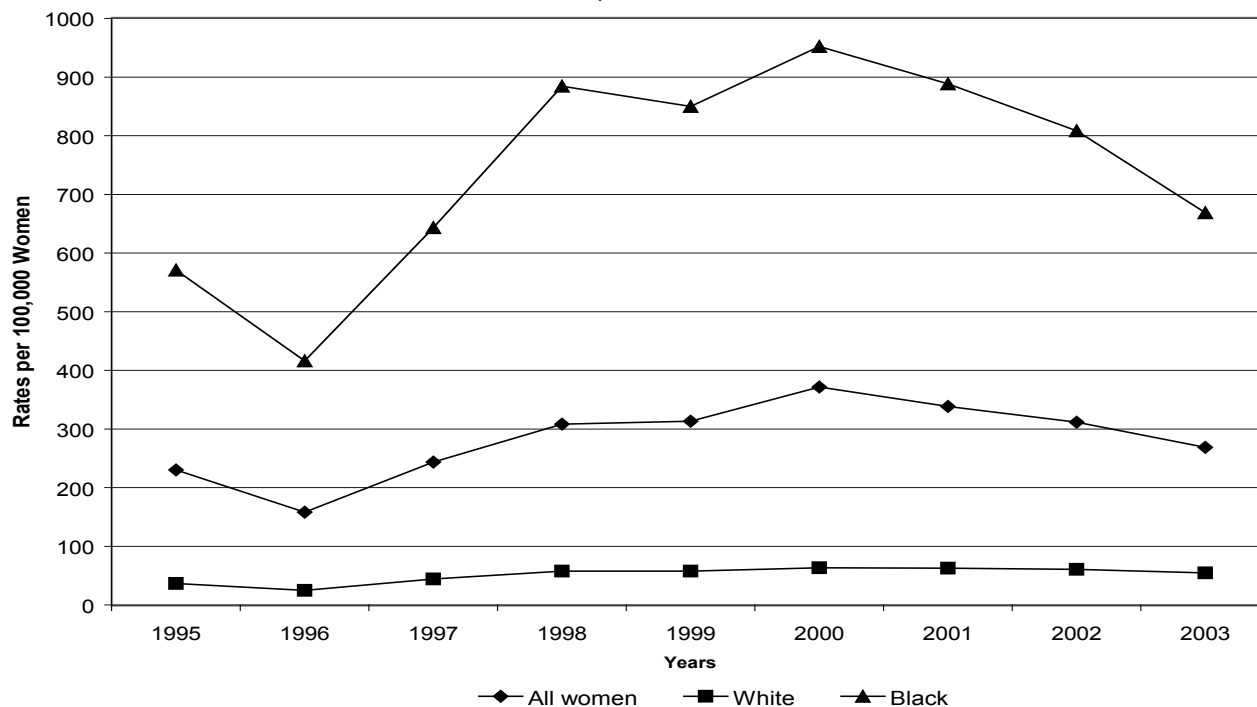
Note: Rates for those age 55 years and older were not calculated due to low case counts.

3: HEALTH STATUS

*Gonorrhea continued*⁴

- The incidence rate of gonorrhea infection among Black women in Franklin County far surpasses the rates for White women. In 2003, Black women had an incidence of 668.7 cases per 100,000 women, almost 12 times higher than the rate for White women (54.6 cases per 100,000).
- The high incidence rate of gonorrhea infection persisting among Black women has been declining since 2000.

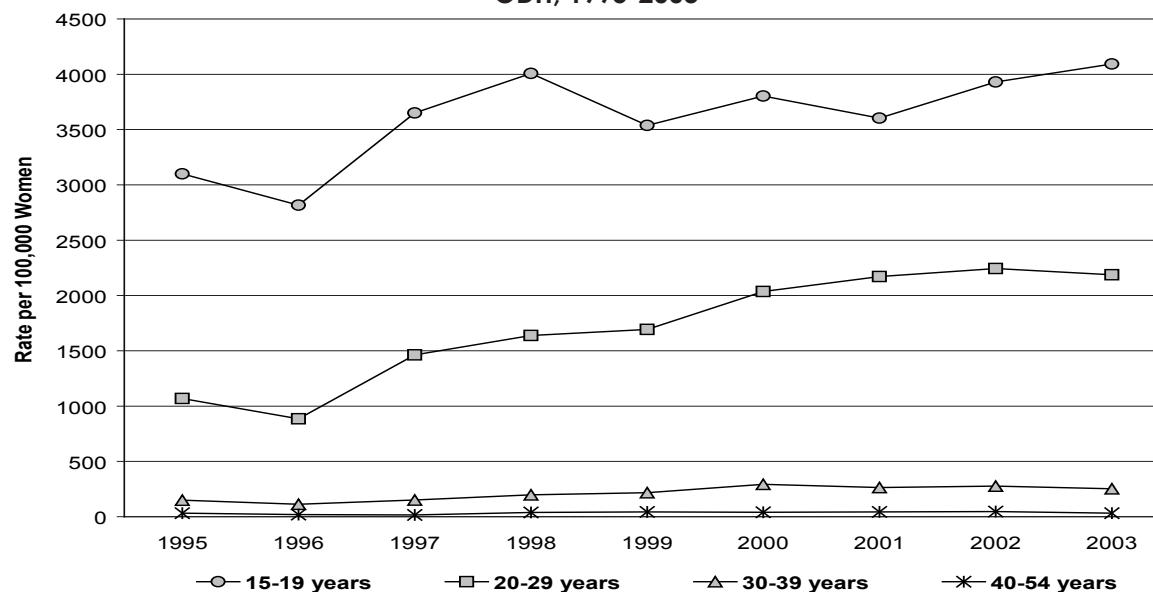
Figure 3:25
Franklin County Women, Gonorrhea Incidence Rates by Race
ODH, 1995-2003



Chlamydia ⁴

- The rate of chlamydia infection among women in Franklin County has remained fairly stable since 2000, with approximately 670 new cases per 100,000 women each year.
- In comparison, the incidence rate for chlamydia for the state of Ohio has been increasing.
- Over the past decade, the incidence of chlamydia has remained the highest in young women age 15 to 19 years. In 2003, the incidence in the 15 to 19 year age group was 47% higher than the 20 to 29 year age group.

Figure 3:26
Franklin County Women, Chlamydia Incidence Rates by Age
ODH, 1995-2003



Note: Rates for those age 55 years and older were not calculated due to low case counts.

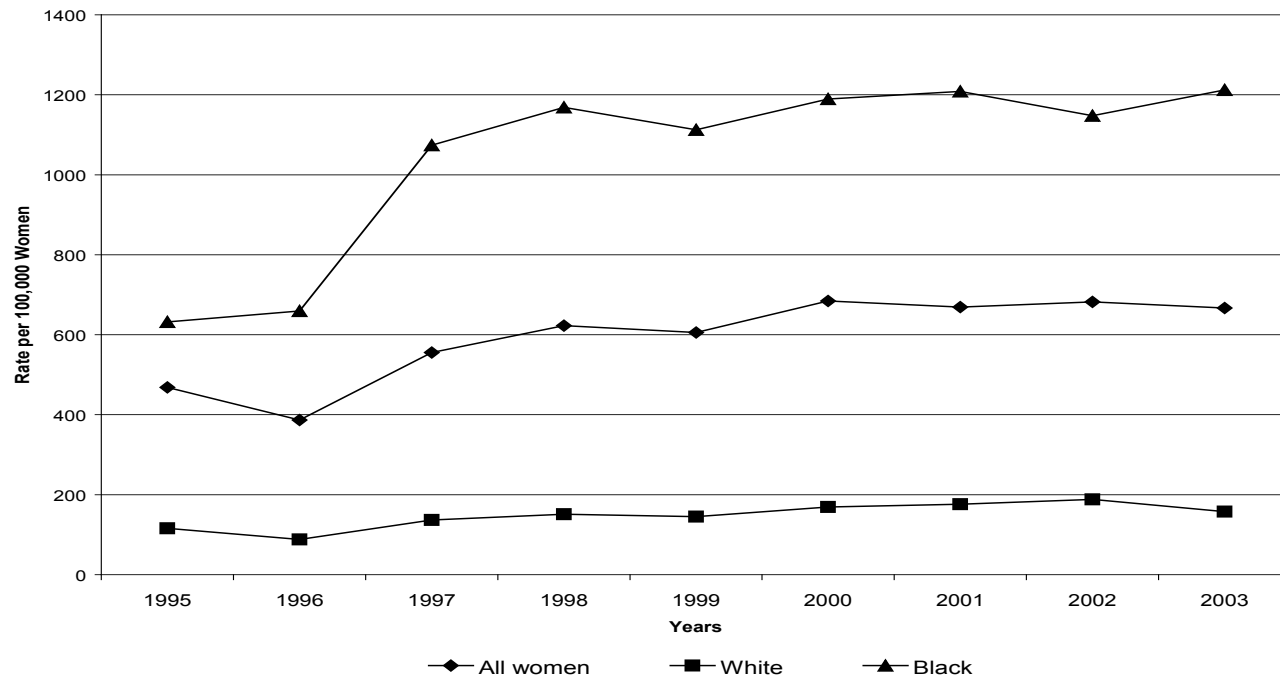
Chlamydia is a common sexually transmitted disease (STD) which can damage women's reproductive organs. Chlamydia often goes undetected in women, because symptoms are usually mild or absent. However, serious complications can cause irreversible damage including infertility. In addition, pregnant women can transmit chlamydia infection to their infants during delivery, causing adverse effects. ⁵

3: HEALTH STATUS

Chlamydia continued ⁴

- Incidence rates for chlamydia are highest among Black women. In 2003, the incidence rate among Black women was 1212.2 per 100,000 women. This was over 80% higher than the incidence rate for White women in the same year (157.7 per 100,000).

Figure 3:27
Franklin County Women, Incidence Rates of Chlamydia by Race
ODH, 1995-2003

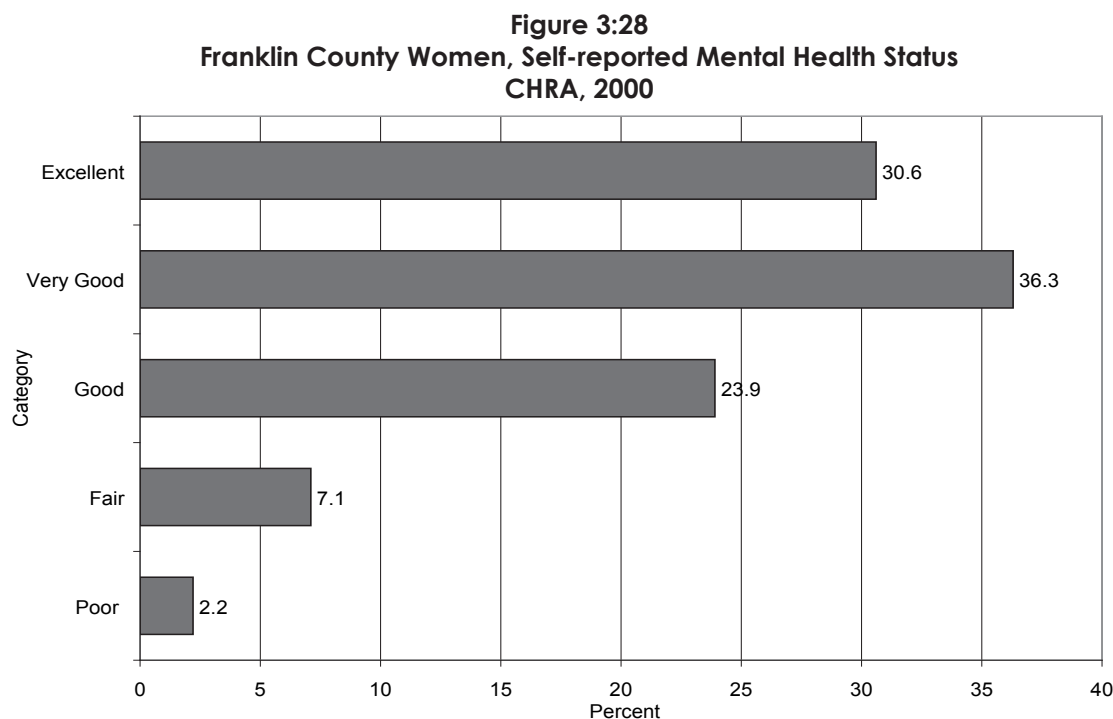


MENTAL HEALTH

General³

- In Franklin County, 90.8% of women consider their mental health to be “good,” “very good,” or “excellent.”
- Even though most Franklin County women consider their mental health to be good, over 20% reported their mental health (including stress, depression, and problems with emotions) was “not good” 8 or more days out of the past month.
- Both White and Black women reported having an average of 5 days a month when they felt their mental health was poor.

In the U.S., about one in four adults, 18 years and older, suffer from a diagnosable mental disorder in a given year. In 2004, this percentage translates into over 55 million people.⁶

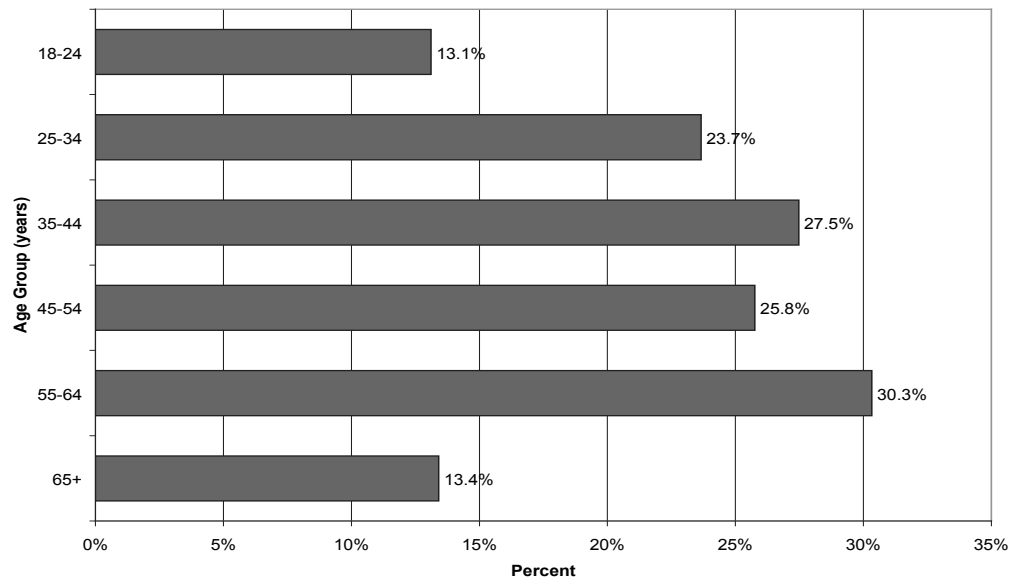


3: HEALTH STATUS

Depression ³

- Twenty percent of women in Franklin County report having symptoms of depression.
- Significantly more women living in low-income households reported having depressive symptoms than those living in middle- to high-income households (30.4% versus 16.1%).
- The prevalence of Franklin County women who have been diagnosed with depression by a health care professional is 22.3%.
- Women in the 55 to 64 age group have the highest prevalence of diagnosed depression.

Figure 3:29
Franklin County Women, Prevalence of Women Diagnosed with Depression
by a Health Care Professional
CHRA, 2000



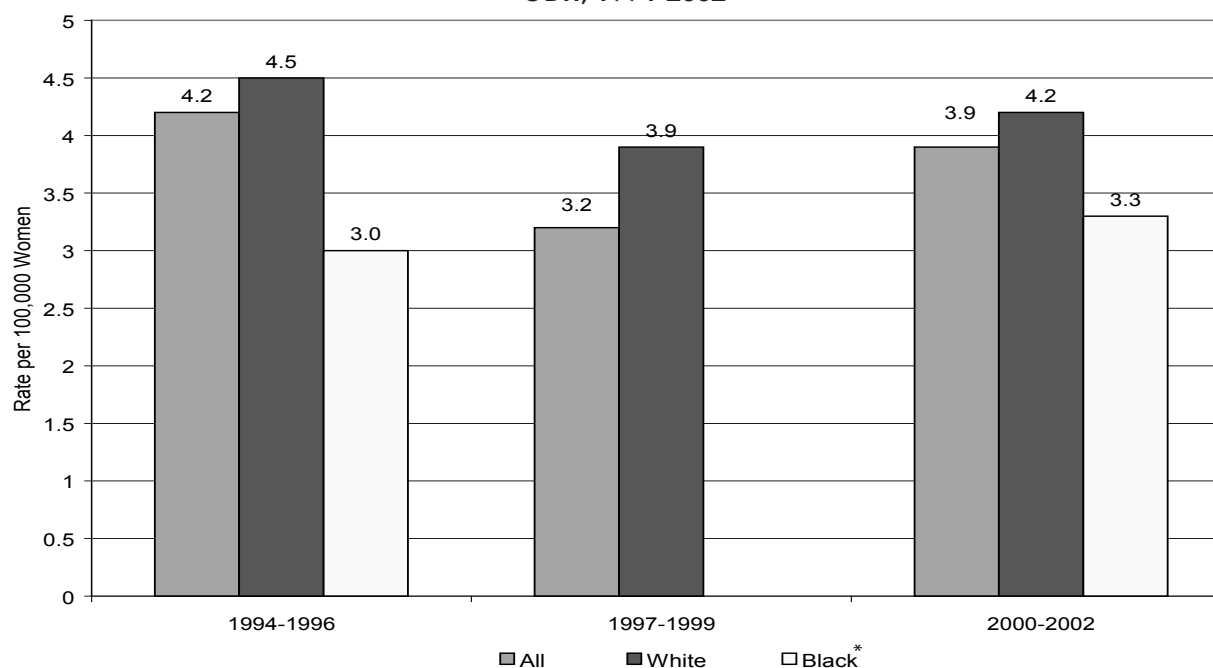
According to the National Institute of Mental Health, in any given 1-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness.

Twice as many women are affected by a depressive disorder than men each year, and women are two to three times as likely as men to be affected by an anxiety disorder. ¹³

Suicide ³

- Nearly 4% of women in Franklin County report having seriously considered suicide within the past year.
- The three-year average age-adjusted suicide rate for Franklin County women in 2000-2002 was 4.0 women per 100,000.
- The rate for White women (4.2 per 100,000) was higher than that for Black women (3.3 per 100,000). ⁴
- White women accounted for 88.0% of the 186 suicide deaths among Franklin County women between 1994 and 2002. ⁴

Figure 3:30
Franklin County Women, Three-year Average Age-Adjusted Mortality Rates for Suicide
ODH, 1994-2002



*Rate for Black women in 1997-1999 was not calculated due to low case count.

3: HEALTH STATUS

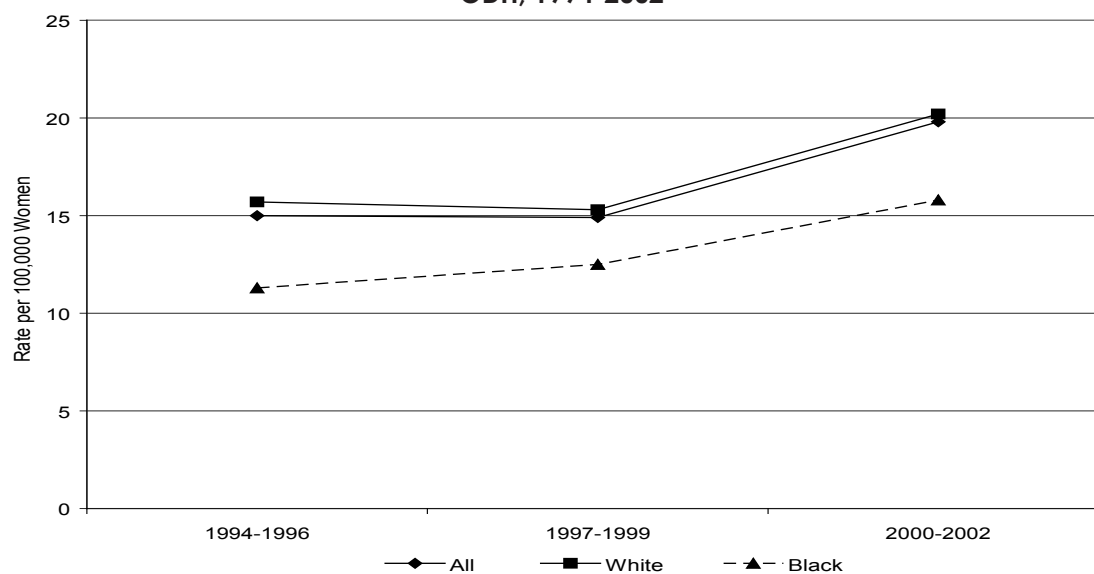
Utilization of Mental Health Resources and Support ³

- Almost 90% of all Franklin County women report that their current medical coverage includes mental health care.²
- Nine percent of all Franklin County women report they have seen a mental health professional within the past 12 months.
- However, of women who reported suffering depressive symptoms, only 25% had seen a mental health professional within the last 12 months.

UNINTENTIONAL INJURIES ⁴

- The three-year average age-adjusted mortality rate for unintentional injury among all women in Franklin County increased 31.5%, from 15.2 deaths per 100,000 women in 1994-1996 to 20.0 deaths per 100,000 women in 2000 and 2002 .
- In terms of actual number of deaths, there were 98 more deaths due to unintentional injury in 2000-2002 than in 1994-1996.
- On average, the mortality rate among White women in Franklin County is 27.5% higher than the rate for Black women from 1994 to 2002.
- White women accounted for 82.7% of all female deaths resulting from unintentional injury between 2000 and 2002, a statistic that has been consistent since 1994.

Figure 3:31
Franklin County Women, Three-year Average Age-adjusted Rates
for Unintentional Deaths by Race
ODH, 1994-2002

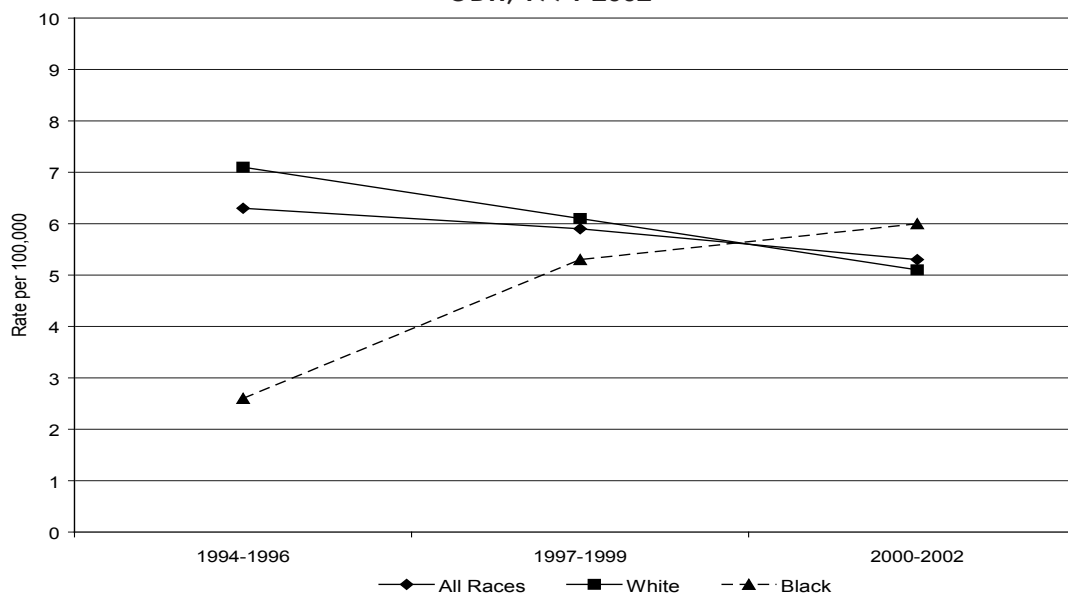


3: HEALTH STATUS

MOTOR VEHICLE CRASHES (MVC) ⁴

- Motor vehicle crashes made up over 35.7% of unintentional injury-related deaths among all women in Franklin County, and resulted in 288 total deaths between 1994 and 2002.
- Between 1994-1996 and 2000-2002, the age-adjusted rate of motor vehicle accident deaths among Franklin County women consistently and steadily decreased by 16%, from 6.3 per 100,000 in 1994-1996 to 5.3 per 100,000 in 2000-2002.
- Despite the general decrease among all Franklin County women, the age-adjusted mortality rate for motor vehicle accidents among Black women increased 130%, from 2.7 deaths per 100,000 in 1994-1996 to 6.2 deaths per 100,000 in 2000-2002.

Figure 3:32
Franklin County Women, Three-year Average Age-adjusted Mortality Rates for MVC
by Race
ODH, 1994-2002



VIOLENCE

Interpersonal Violence ³

- Approximately 4% of women in Franklin County have been hit, kicked, punched, or otherwise hurt by someone in the past year.
- Among women in Franklin County who live in low-income households, 9.5% have indicated they have been hit, kicked, punched, or otherwise hurt by someone in the past year, while among surveyed women living in middle- to high- income households, this percentage is only 3.0%.
- Additionally, among White women in Franklin County, 3.4% have indicated they have been hit, kicked, punched, or otherwise hurt by someone in the past year, while among Black women, this percentage is approximately 6.5%.
- The most common perpetrator of this abuse is the woman's boyfriend or girlfriend (25.8%). Furthermore, of Franklin County women currently in a relationship, 1.7% do not feel physically safe in that relationship.
- Almost 3% of women in Franklin County have acted violently and have hit, kicked, punched, or otherwise hurt someone within the past year.
- Nearly 30% of these abusive acts have been toward the woman's spouse, and nearly one in ten (8.9%) has been towards a child.

3: HEALTH STATUS

Figure 3:33
Franklin County Women Who Have Been...
Hit, Kicked, Punched or Otherwise Hurt
by Perpetrator
CHRA, 2000

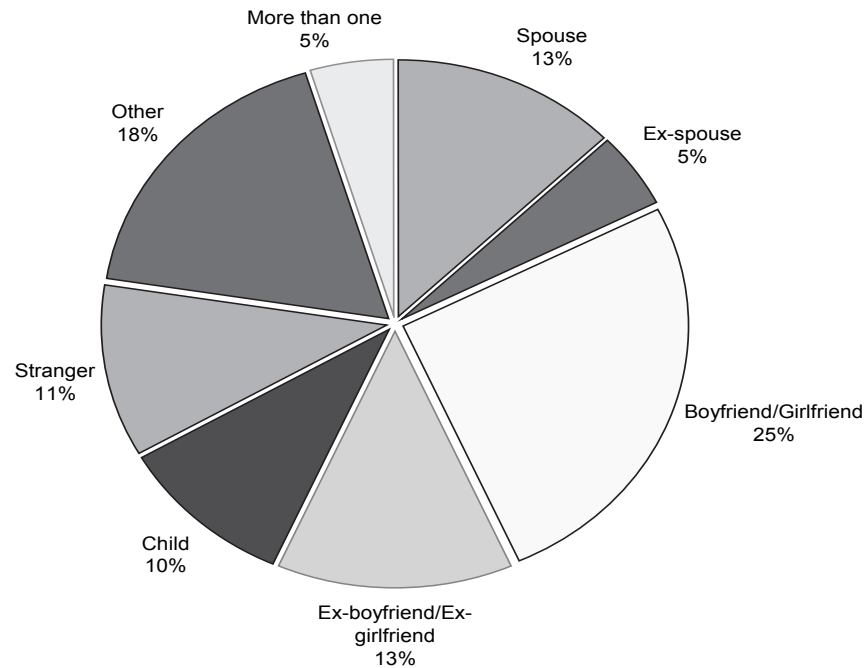
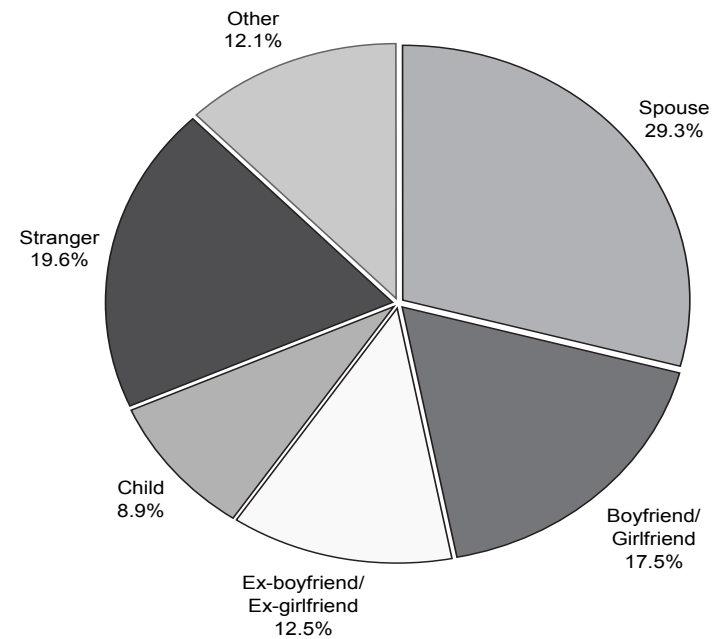


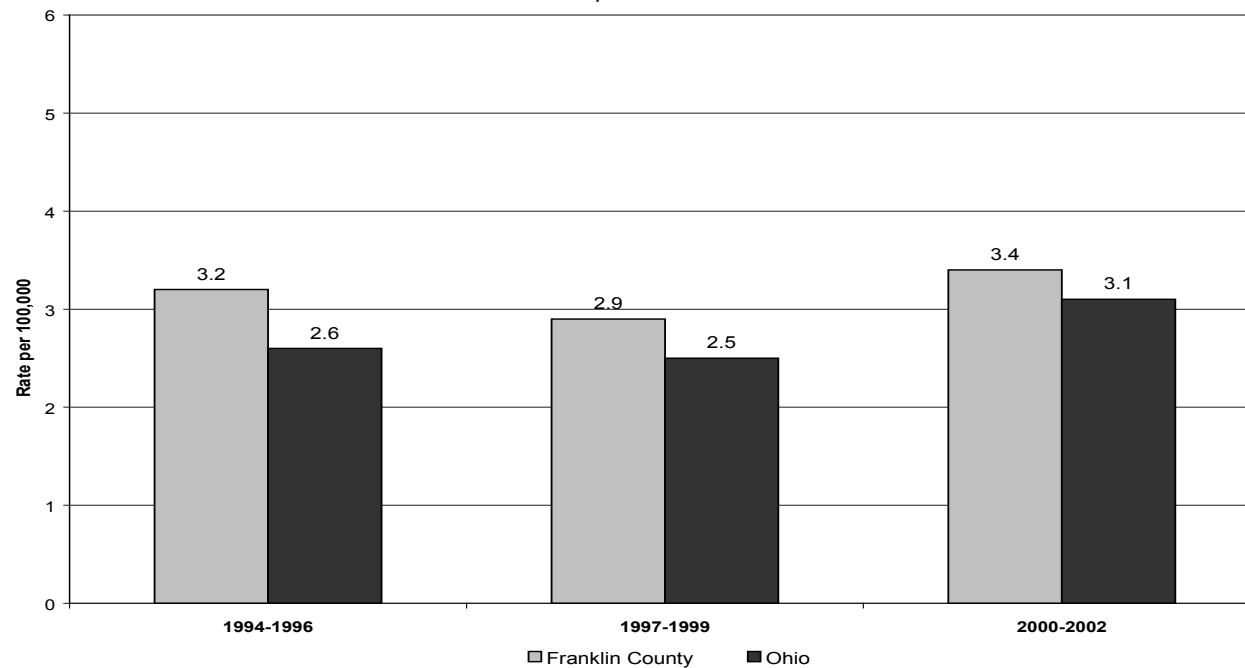
Figure 3:34
Franklin County Women Who Have
Hit, Kicked, Punched or Otherwise Hurt
by Victim
CHRA, 2000



Homicide ⁴

- Approximately one-quarter of the 223 victims of homicide in Franklin County between 2000-2002 were women.
- The three-year average age-adjusted homicide rates for Franklin County women from 1994-1996 through 2000-2002 are on average 16% higher than age-adjusted homicide rates for all women in Ohio.

Figure 3:35
Franklin County and Ohio Women, Three-year Average Age-adjusted rates for Homicides
ODH, 1994-2002

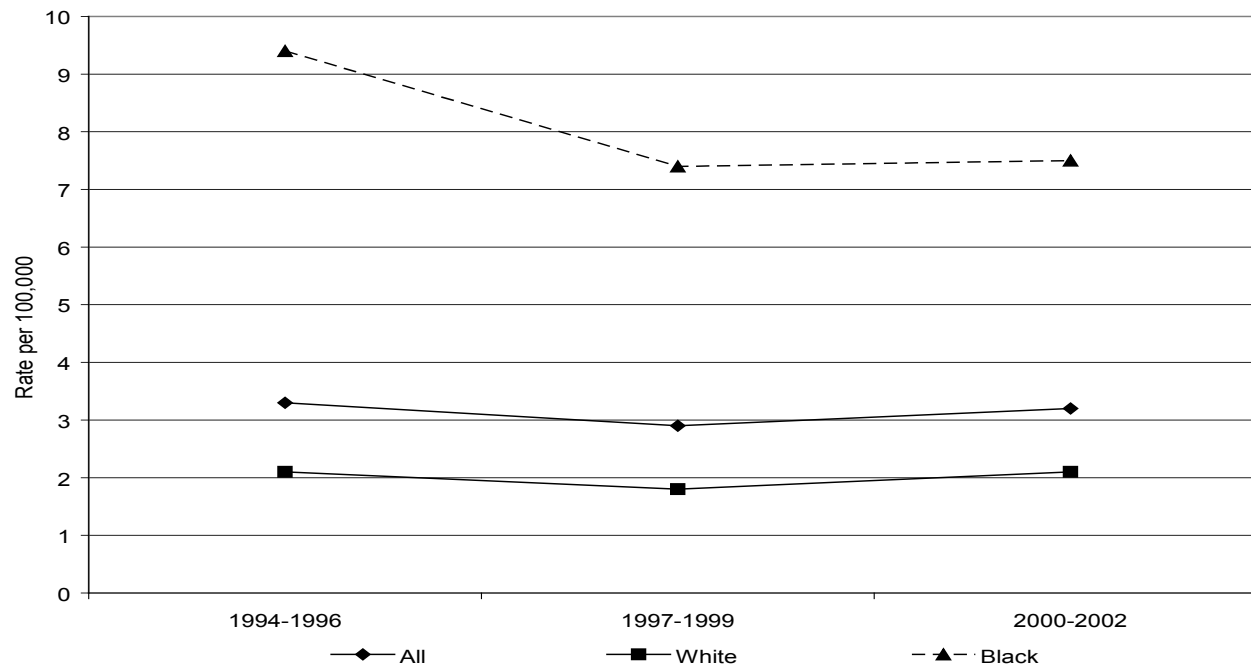


3: HEALTH STATUS

Homicide continued ⁴

- Firearm-related deaths make-up the greatest percentage of total homicides for women in Franklin County though the percentages decreased from 1994-1996 through 2000-2002 (63.0% and 38.0%, respectively).
- Black women in Franklin County have a three-year average age-adjusted homicide mortality rate that is 300% higher than the rate for White women.
- Despite making up a little less than 20% of the female population in Franklin County, Black females accounted for nearly 50% of the Franklin County female homicide deaths between 1994 and 2002.

Figure 3:36
Franklin County Women, Age-adjusted rates for Homicides by Race
ODH, 1994-2002

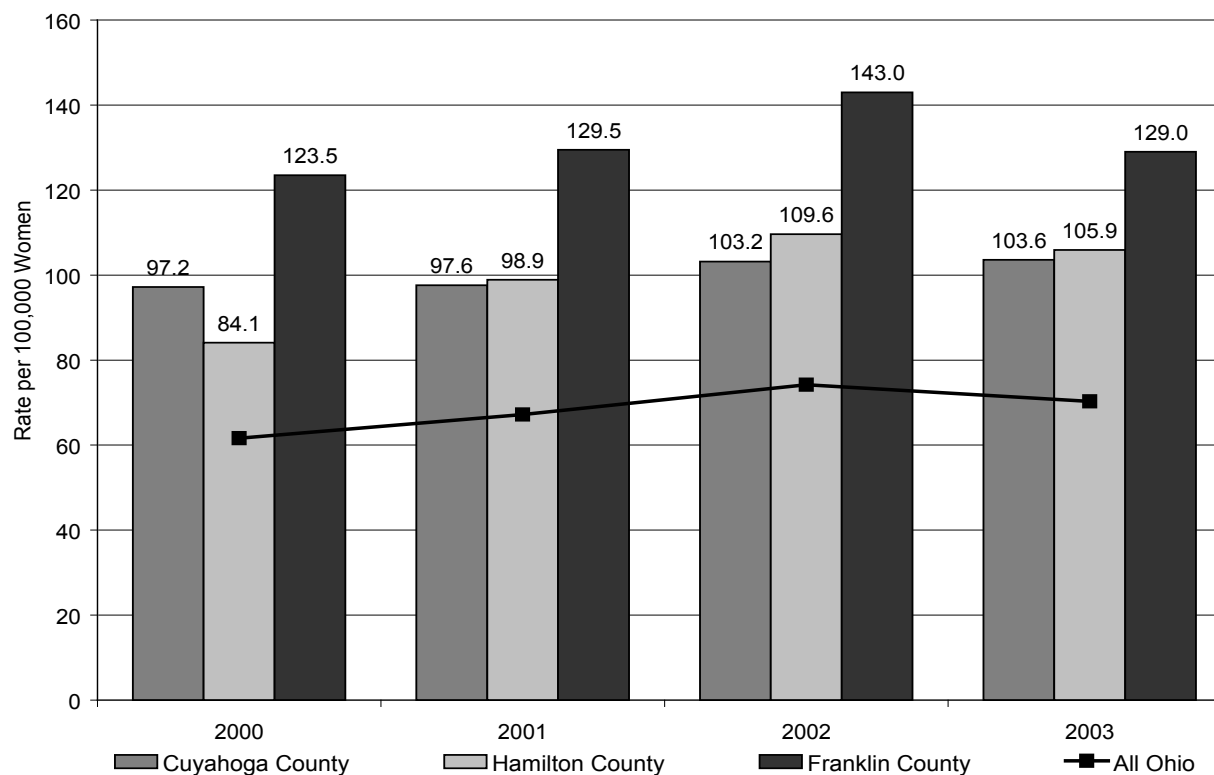


Rape ⁷

- The rate for rape among Franklin County women is consistently higher than the rates for Cuyahoga County, Hamilton County, and the state of Ohio as a whole for every year from 2000 through 2003.

Figure 3:37`1

Ohio Women, Rape Rates by Selected Geographic Locations
HHS, Women's Health Indicator Database, 2000-2003





4: REPRODUCTIVE HEALTH

4: Reproductive Health

PREGNANCY, LABOR, AND DELIVERY ⁴

Women of reproductive age are generally considered to be between the ages of 15 and 44 years, however, births do occur to females younger than 15 and older than 44. Between 1990 and 2002, births to women outside the 15 to 44 age group only accounted for an average of 0.3% of all births per year. The following data includes women of all ages.

- In 2002, the fertility rate for Franklin County women was 66.4 births per 1,000 women ages 15-44 years. The fertility rate for Black women in Franklin County has been consistently higher than for White women between 1990 and 2002.
- In 2002, there were 17,013 live births to Franklin County residents.
- Almost 6.0% of births to Black women were to females under the age of 18 years versus only 2.5% of births to White females of the same age.
- In 2002, 88.0% of Franklin County women entered prenatal care during their first trimester. More White women in Franklin County enter prenatal care early in their pregnancy (*i.e.*, the first trimester) than Black women (90.9% versus 78.8%).

SEXUAL HEALTH³

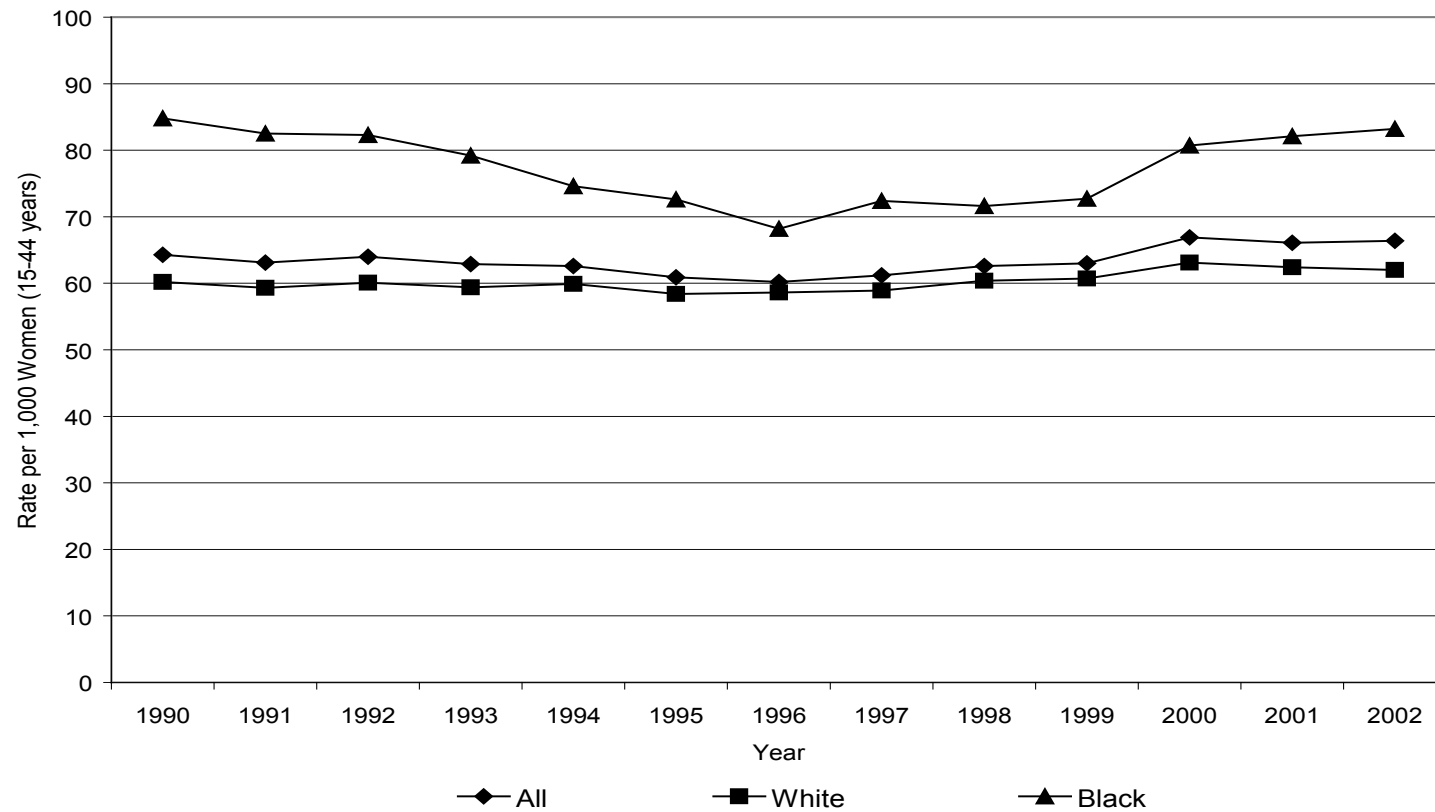
- Sixty-nine percent of women in Franklin County are currently sexually active (*i.e.*, have had sex within the past year), with an average of 1.1 partners . Ninety-eight percent of women are sexually active only with men, 1.4% are sexually active only with females, and less than one percent (0.2%) have sex with both men and women.
- Almost 4% of Franklin County women admit to participating in one or more "risky behaviors" within the past year. These behaviors include: using intravenous drugs; being treated for sexually transmitted or venereal disease; testing positive for having HIV, the virus that causes AIDS; or having anal sex without a condom.

CONTRACEPTION Use¹⁴

- Among women who used the Columbus Public Health (CPH) Women's Health services in 2004 and 2005, 25.0% use DepoProvera for birth control, 19.3% use spermicide, and 13.3% use intrauterine devices (IUDs) to prevent pregnancy.

4: Reproductive Health

Figure 4:1
Franklin County Women, Fertility Rate by Race
ODH, 1990-2002



CONTRACEPTION SERVICES AND SUPPLIES ¹⁵

- In 2002, over 50% of Franklin County women age 13 to 44 years were in need of contraceptive services and supplies. Among those women in Franklin County who are in need of contraceptive services and supplies, 71.2% are Non-Hispanic White, 19.6% are Non-Hispanic Black, and 2.6% are Hispanic.

RELATED REPRODUCTIVE HEALTH ³

- According to the *2000 Columbus/Franklin County Community Health Risk Assessment*, 21.3% of women in Franklin County have had a full or partial hysterectomy.



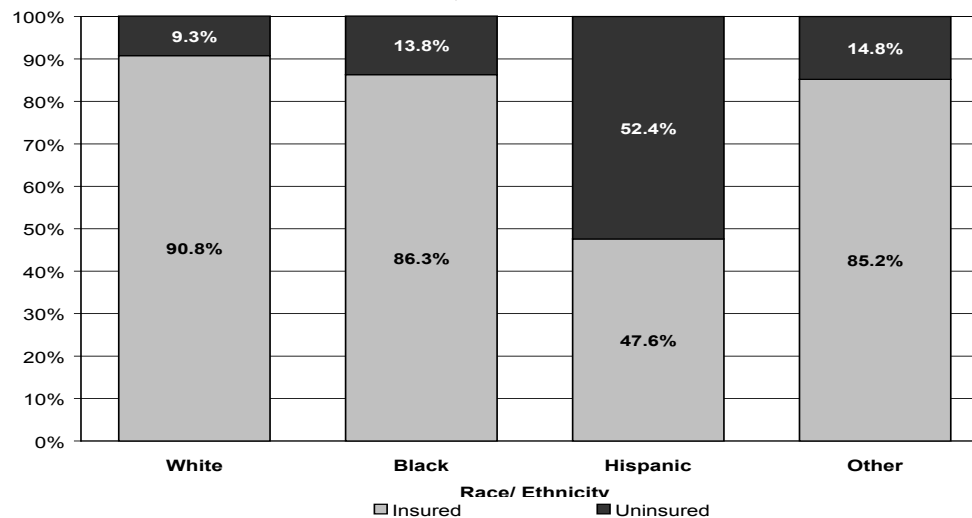
5: HEALTH CARE ACCESS AND UTILIZATION

5: HEALTH SERVICES UTILIZATION

INSURANCE ²

- The majority (88.7%) of Franklin County women have some form of health insurance coverage.
- Over half of those who are insured indicate their coverage is through a private provider, either with their employer or direct purchase (56.0%).
- Approximately 29% indicated they are covered through public assistance (either Medicaid, Medicare or both).
- Of those who are uninsured, over 12% have never had health insurance and over 29% have been without health insurance for at least 3 years. The most common reason for not having insurance was that they or a family member were currently not working or had lost their job.
- While 90.8% of White women and 86.3% of Black women have health insurance coverage, less than half of Hispanic women (47.6%) have health insurance coverage.

Figure 5:1
Franklin County Women, Percent of Insured and Uninsured by Race
OFHS, 2003-2004

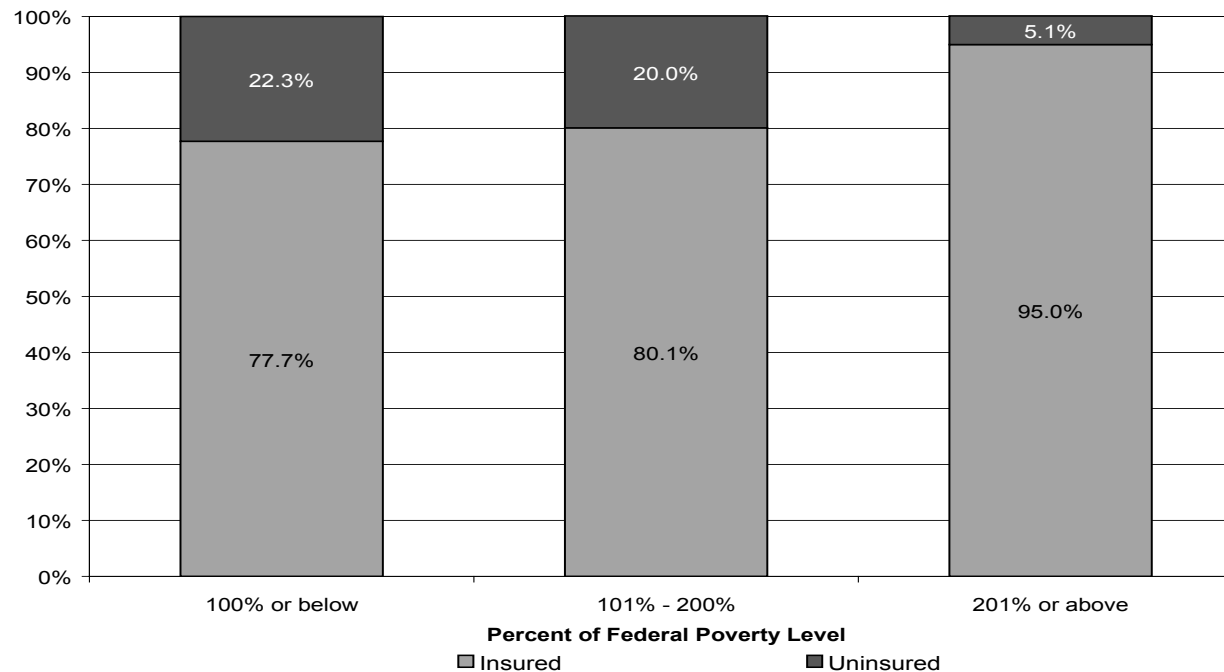


5: HEALTH SERVICES UTILIZATION

INSURANCE CONTINUED ²

- While 90.8% of White women and 86.3% of Black women have health insurance coverage, less than half of Hispanic women (47.6%) have health insurance coverage.
- Slightly more than 22% of women living at or below the federal poverty level are uninsured.
- More women without a high school education, compared to those with a high school diploma, are uninsured (22.0% and 13.8%, respectively). More women who have either never been married (21.2%) or are part of an unmarried couple (22.2%) are uninsured than women who are married (7.5%), divorced (10.0%) or widowed(3.2%).

Figure 5:2
Franklin County Women, Percent of Insured and Uninsured by Poverty
OFHS 2003-2004

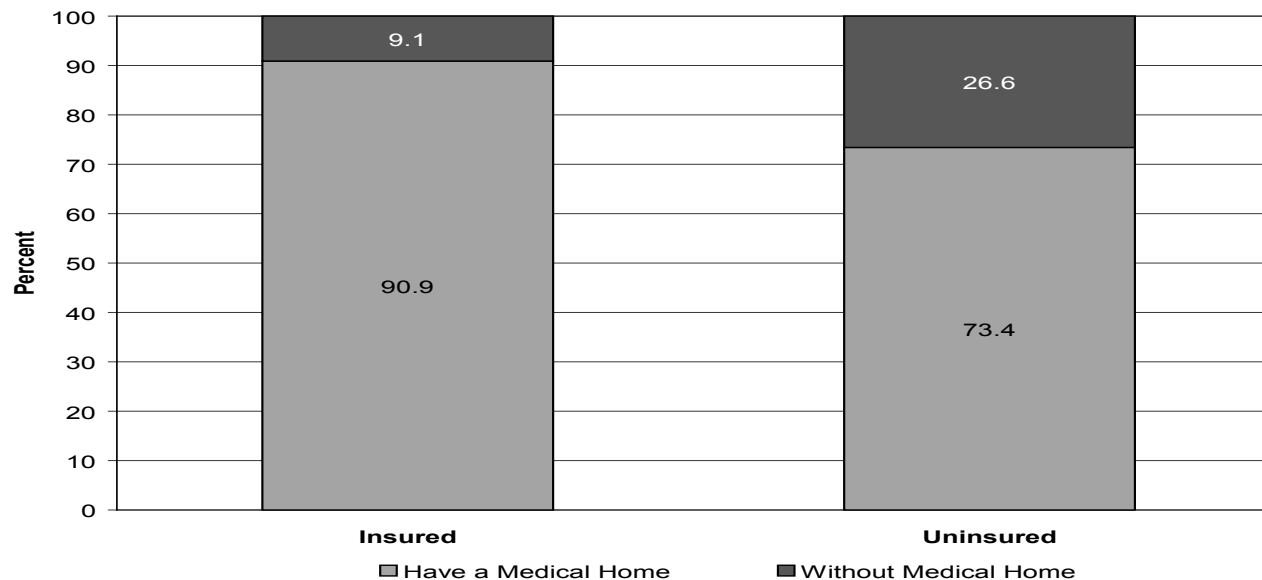


5: HEALTH SERVICES UTILIZATION

UTILIZATION OF HEALTH CARE SERVICES ²

- Over 90% of women who are insured have a medical home or one place they usually go to for health care, while only 73.4% of uninsured women have a medical home.
- Both insured and uninsured women indicate that if they have a medical home, it is a doctor's office or HMO.
- The majority of both insured and uninsured indicate that they see the same health care professional each time they go for a health care visit (91.1% of insured and 78.4% of uninsured).
- Over 75% of all women reported it had been between 6 months to 1 year since they had seen a health care professional (78.4%) and that they had a routine physical within the last year (75.9%).
- Fifteen percent of all women had an overnight stay in the hospital in the past 12 months. This percent is about the same for both insured and uninsured.

Figure 5:3
Franklin County Women, Percent of Insured and Uninsured by Presence of Medical Home
OFHS 2003-2004



5: HEALTH SERVICES UTILIZATION

HEALTH CARE COVERAGE ²

- Over sixty percent of all women rated the benefits covered by their current insurance an 8, 9 or 10 (10 indicating the "best").
- Almost 10% felt that it is easier to get care versus three years ago, while 23.5% felt it was more difficult. Sixty-seven percent felt getting care now was the same as three years ago.

6: SPECIAL TOPIC - WOMEN 15 TO 44 YEARS

6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

ABOUT WOMEN 15 TO 44 YEARS...

Women of reproductive age (WRA), or women in the 15-44 year age group, make up almost half of the female population in Franklin County. This population is diverse, educated, and constitutes over three-fourths of the female labor force. However, women of reproductive age also represent over half of women living below the poverty level and over 15% of this population are uninsured.

Knowing the status of health and its determinants for women of reproductive age will help detect and address potential problems. Identifying early signs of chronic illnesses, high prevalence of preventable diseases and limited access to care will help to improve the health and well-being of all women. By detecting areas of concern as well as areas of success, our community can make the best use of limited resources to address health risks in younger women before these risks become more serious with age.

In addition, having healthier WRA can improve infant health and reduce fetal and infant deaths. One of the most telling indicators of the health of a community is the infant mortality rate. In 2003, Franklin County's rate was 8.8 infant deaths per 1,000 live births. The county's rate is consistently higher than Ohio's and is similar to other urban areas across the country. Also, the two-fold disparity between the Black and White infant death rates is not only persistent, but the gap has been widening.

A promising planning and action process that includes a closer examination of this rate is called the Perinatal Periods of Risk approach. The analytic methods use not only infant deaths but fetal deaths, too. Based on these analyses, it has been found that the "perinatal period" with the highest rate of mortality is when babies are born too small or too soon. Currently, the best opportunity to impact this rate is to make sure women are healthy before they become pregnant.

Knowing and tracking the prevalence of certain conditions and behaviors in this population can allow for a better focus on addressing these issues, with the hope of eliminating, or at least managing them, before pregnancies occur. With at least half of all pregnancies being unplanned, any strategy to improve pregnancy outcomes must include a focus on improving the health of all women of reproductive age.

To help guide decision-making for programs, policies, and planning aimed at improving women's health, it is important to establish a baseline for 15-44 year-olds as presented in this special section. Monitoring the health of these women may provide insight into successes and barriers that influence their health – and their children's health – now and into the future.

THE DATA

The data presented in this section come from a variety of local, state, and national sources. Information is presented based on the availability and quality of the data, the amount of missing data, and the number of observations. Due to limited availability of information segmented by both sex and age, this section may not be comprehensive. It is our hope that this report, particularly this special topic, will stimulate interest that may lead to further research and more comprehensive data collection and availability.

6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

DEMOGRAPHICS¹

Total Population

- In 2000, almost half of all women in Franklin County were between the ages of 15 years and 44 years or “of reproductive age.”

Race/Ethnicity

- The racial and ethnic make up of women of reproductive age (15-44 years) is similar to that of all women in Franklin County, with Asian and Hispanic women representing slightly larger percentages in WRA.

Marital Status

- Almost half have of women of reproductive age have never been married(45.6%).
- Fourteen percent report they are divorced, separated or widowed which is lower than in all women.
- Slightly more than 40% of women of reproductive age are married.

Education Level

- Over 88% of women of reproductive age living in Franklin County have at least a high school diploma and almost 36% have received a college degree (includes associate).

Employment and Earnings

- The majority of women in the labor force are of reproductive age (76%).

Figure 6:1
Franklin County Women by Age
Census 2000

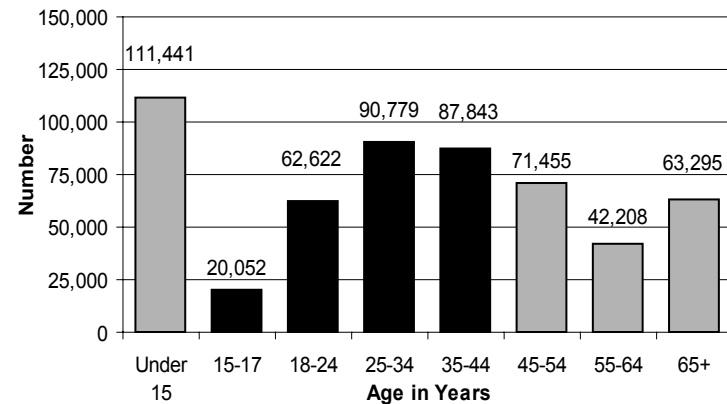


Table 6:1
Franklin County Women of Reproductive Age by Race/Ethnicity
Census 2000

Race/Ethnicity	Number	Percent of WRA*
Total Population	261,296	
White (alone)	193,972	74.2%
Black or African American (alone)	48,765	18.7%
Asian (alone)	9,798	3.7%
American Indian/Alaska Native (alone)	749	0.3%
Native Hawaiian/Other Pacific Islander (alone)	129	0.0%
Some other race (alone)	2,597	1.0%
Two or more races	5,286	2.0%
Hispanic or Latino (any race)	5,929	2.3%

* Percents will add to more than 100 when including Hispanic/Latina.

6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

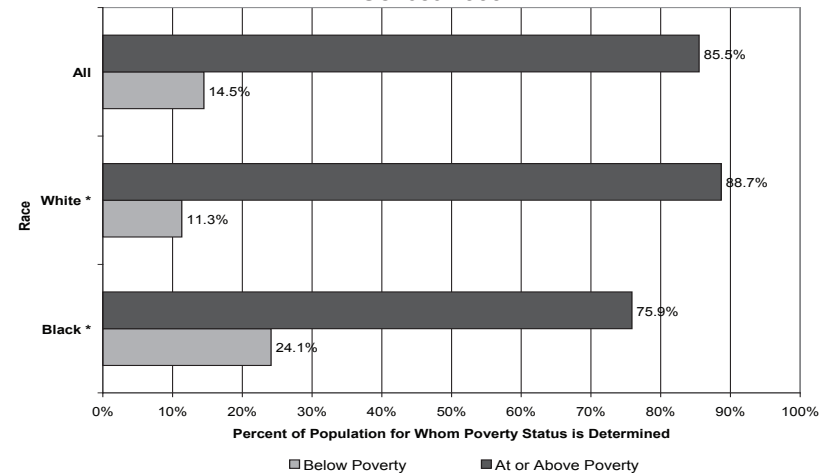
Poverty

- Over half of women living below poverty level are of reproductive age (54.7%), with the 15 to 24 year age group representing the largest percentage within WRA (51.5%).
- Similar to all women, twice as many Black women of reproductive age compared to White women of reproductive age are living below the federal poverty level (24.1% and 11.3%, respectively).

SELF-REPORTED GENERAL HEALTH STATUS²

- Similar to all women in Franklin County, women of reproductive age consider themselves to be healthy, with 84.8% claiming "good," "very good" or "excellent" health.

Figure 6:2
Franklin County Women Of Reproductive Age
by Poverty Status and Race
Census 2000



* This information pertains to "White alone, with no other race or ethnicity" and "Black alone, with no other race and ethnicity"

6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

HEALTH BEHAVIORS

Nutrition³

- Among women of reproductive age, 86.9% consume fewer than the recommended number of fruit and vegetable servings per day. Five percent eat fewer than one fruit or vegetable per day.
- Twice as many women of reproductive age living in middle- to high-income households(18.0%) consume the recommended 5 or more servings of fruit and vegetables each day when compared to women living in low-income households(9.0%). However, both of these percentages are low.
- Among White women of reproductive age, 13.6% eat 5 or more servings of fruits and vegetables each day. This percentage is lower for Black women (8.3%).
- Over 9% of women of reproductive age are concerned with the availability of food. Of these women, over 90% cite finances as the source of their concern.

Physical Activity³

- Among women of reproductive age, 43.5% participate in regular moderate physical activity as recommended. This percentage is higher than for all women.
- Almost 40% of women of reproductive age participate in some type of strength training activity at least two times per week.

Tobacco Use²

- Over a quarter of women of reproductive age are current smokers (28.3%).

Figure 6:3
Franklin County Women of Reproductive Age,
Servings of Fruits and Vegetables Eaten Daily
CHRA, 2000

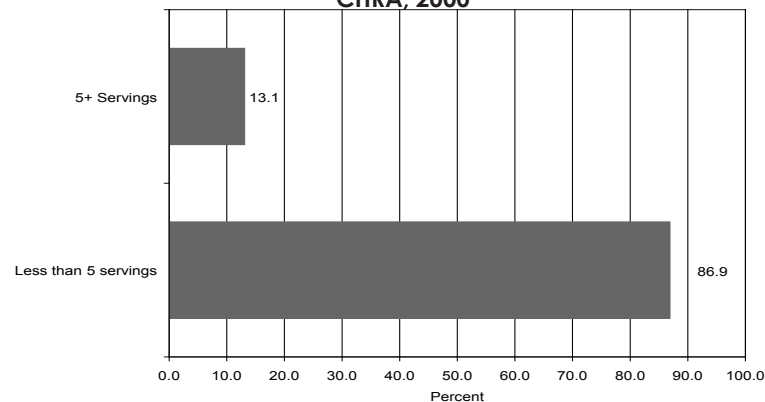
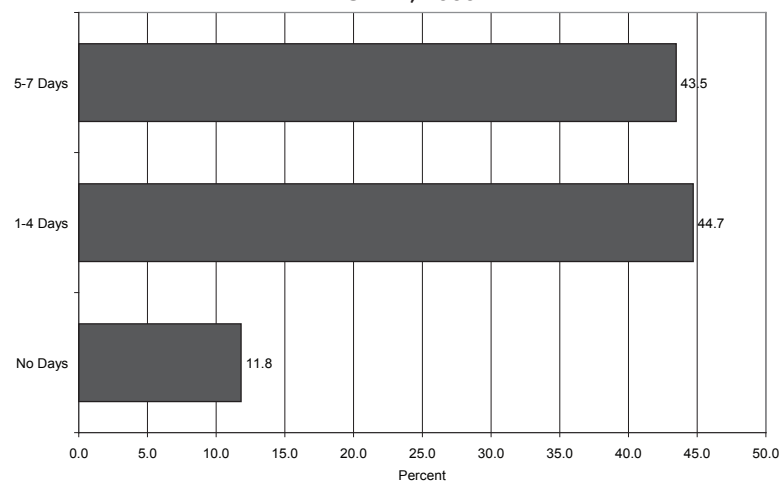


Figure 6:4
Franklin County Women of Reproductive Age,
Number of Days per Week of Moderate Physical Activity
CHRA, 2000



6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

Tobacco Use² continued

- Slightly more than half of these women (51.5%) started smoking between 12 and 16 years of age.
- Nearly 3 out of 5 (58.3%) of these women have quit smoking for 1 day or more in the past year.

Tobacco Exposure*³

- A little more than 19% of women of reproductive age are exposed to more than 6 hours per day of environmental, or secondhand, smoke.
- Over half of Franklin County women of reproductive age live in a home where smoking is allowed at least some of the time (51.3%).

Alcohol Use³

- Over half of women of reproductive age are current drinkers (58.3%).
- Among current drinkers, 5.2% report being chronic drinkers and nearly 1/3 (30.5%) of women age 18-44 report having at least one binge drinking episode within the past month.
- Almost 7% of women of reproductive age admitted to driving a vehicle at least once in the past 30 days after having had too much to drink. This percentage is slightly higher than for all women. Also higher is the percentage who report being a passenger in a car when the driver had had too much to drink (5.9%).
- Almost 2% of women of reproductive age report seeking help about her alcohol consumption or being requested or required to get help.

Figure 6:5
Franklin County Women of Reproductive Age, by Smoking Status
OFHS, 2003-2004

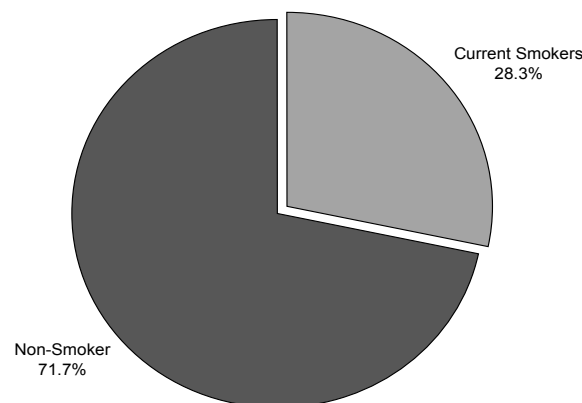
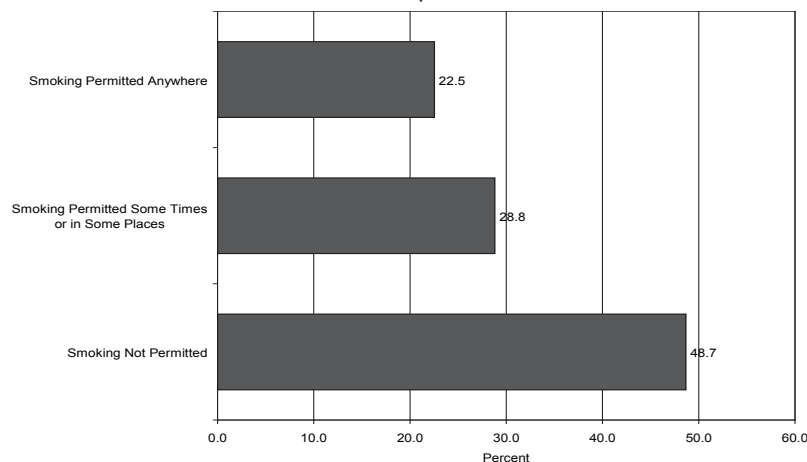


Figure 6:6
Franklin County Women of Reproductive Age,
Rules for Smoking in Household
CHRA, 2000



* The most recent data available on exposure to secondhand tobacco smoke is from the 2000 Columbus/Franklin County Community Health Risk Assessment. These data were gathered before the Franklin County Smoke Free Ordinance went into effect in early 2005.

6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

HEALTH STATUS

Chronic Disease

Hypertension³

- One in five (20%) women of reproductive age (18 to 44 years) have been told their blood pressure was high.
- Although not statistically significant, more African American women (28.3%) in this age group have been diagnosed with high blood pressure compared to Caucasian women (17.8%).
- There is no difference in prevalence of high blood pressure between women living in low-income households (20.6%) and women living in middle-to-high-income households (20%).

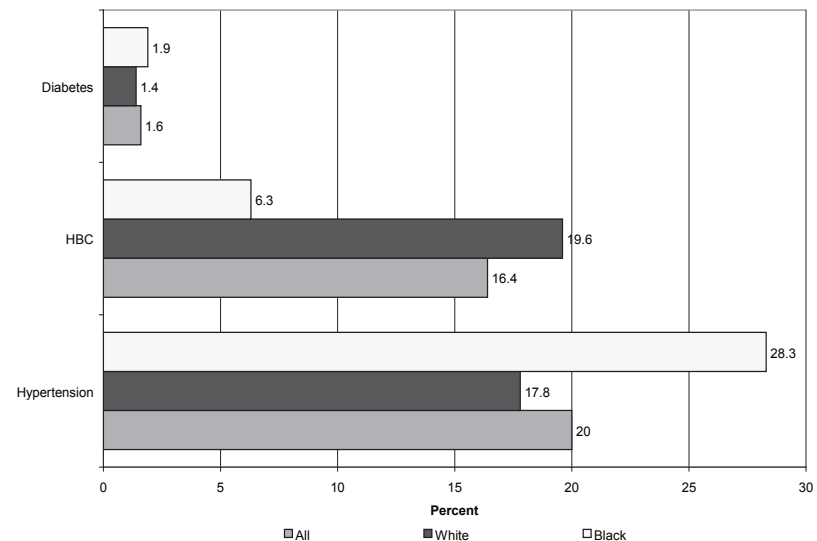
High Blood Cholesterol³

- Among women age 18 to 44, only 64.6% have ever had their blood cholesterol checked, and 16.4% have ever been told their blood cholesterol was high.
- For women of reproductive age there are significantly more White women (19.6%) with high blood cholesterol than Black women (6.3%).

Diabetes³

- Among women of reproductive age (18-44 for this survey), 1.6% have non-gestational diabetes and 5.1% reported having gestational diabetes.
- Among women of reproductive age, slightly more Black women have non-gestational diabetes than White women (1.9% and 1.4%, respectively).

Figure 6:7
Franklin County Women of Reproductive Age
Chronic Illnesses by Race
CHRA, 2000



6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

Diabetes continued

- Over half of these women (57.6%) check their blood glucose at least once per day.

Overweight/Obesity ³

- Over a quarter of Franklin County women of reproductive age are overweight and almost 1 in 5 are obese.
- Prevalence of overweight is significantly higher among Black women than White women in Franklin County (61.9% versus 40.5%).
- Among overweight women, 23.0% were advised to lose weight by their health care professional during a recent health visit.
- Nearly three out of ten (27.9%) women of reproductive age of healthy weight living in Franklin County consider themselves to be overweight, while 15.3% of overweight women of reproductive age believe they are at "about the right weight."
- Almost half of the women in Franklin County are currently trying to lose weight (49.3%). Of those who are trying to lose weight, 32.7% are of normal weight and 66.8% are overweight.
- Overweight women typically have several comorbidities (e.g., diabetes, hypertension, high blood cholesterol, etc.) in addition to their excess weight.

Figure 6:8
Franklin County Women of Reproductive Age,
Body Mass Index
CHRA, 2000

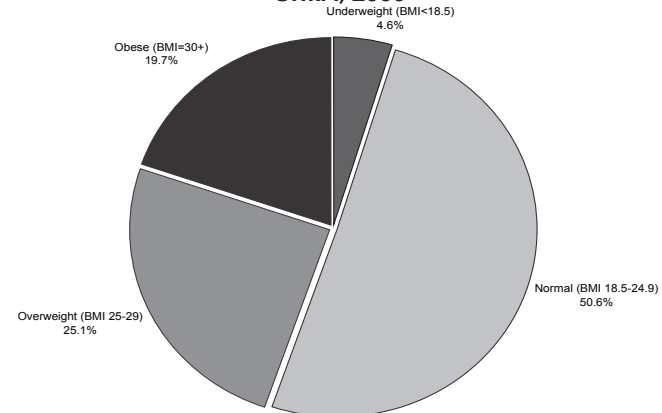
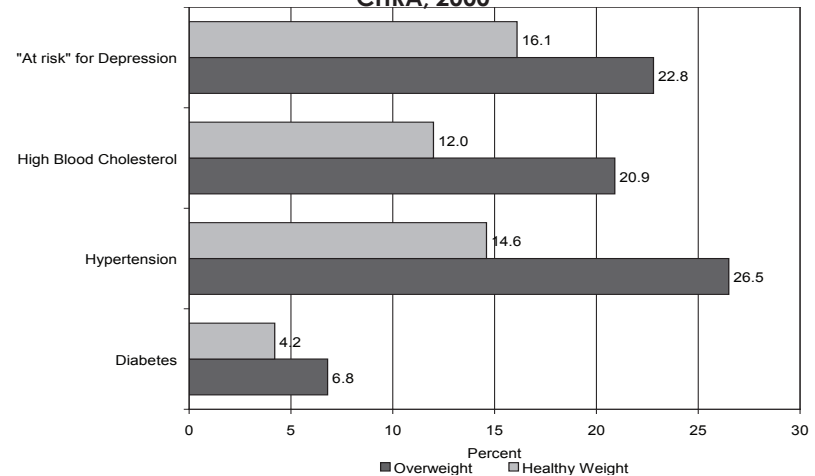


Figure 6:9
Franklin County Women of Reproductive Age,
Prevalence of Diagnosed Coexisting Conditions by Weight
CHRA, 2000



6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

Leading Causes of Death^{4a}

- Among women of reproductive age, cancer was the leading cause of death between 2000 and 2002, and accounted for 22.5% of all deaths among women of reproductive age in Franklin County.

Mortality Rates^{4a}

- The 2000-02 mortality rates for Franklin County women of reproductive age are similar to state rates for stroke and chronic lower respiratory disease, lower than the state rates for cancer, unintentional injuries, heart disease and diabetes; but higher for suicide, homicide, chronic liver disease and HIV disease. However, the only difference between the county and the state that is statistically significant is for unintentional injuries.

Unintentional Injuries⁴

- Women of reproductive age accounted for 40.0% of total female deaths due to unintentional injuries.

Motor Vehicle Crashes^{4a}

- Women of reproductive age accounted for 63.9% of the total female deaths due to motor vehicle crashes in 2000-2002.

Violence⁴

- Women of reproductive age accounted for 69.1% of the total female homicides in 2000-2002.
- Franklin County Black women of reproductive age have on average a homicide death rate that is 81.0% higher than Franklin County White women of reproductive age for 2000-2002.

Figure 6:10
Franklin County Women of Reproductive Age,
by Total Number of Deaths for Leading Causes
ODH, 2000-2002

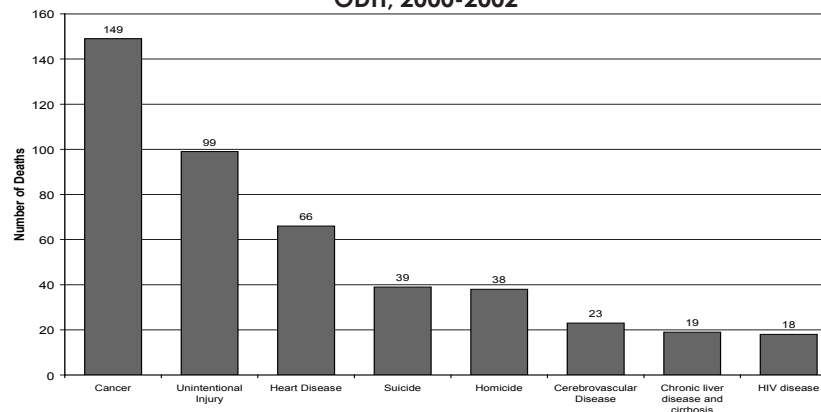
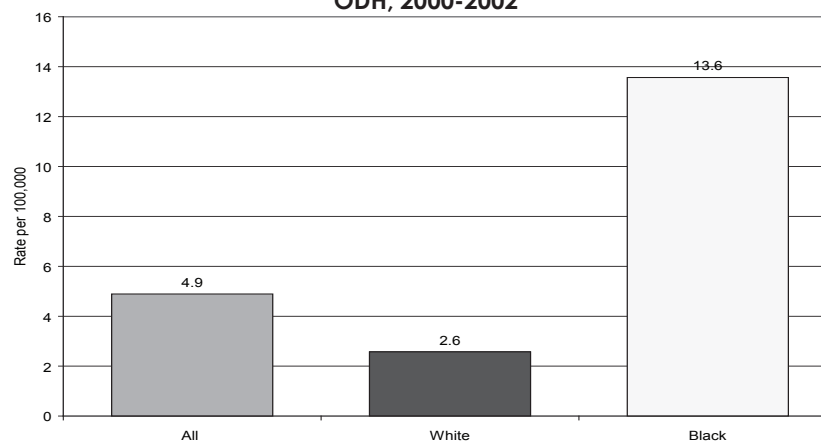


Figure 6:11
Franklin County Women of Reproductive Age,
Three-year Average Age-adjusted Mortality Rates for Homicides
by Race
ODH, 2000-2002



6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

INFECTIOUS DISEASE

Syphilis⁴

- The rate of syphilis infection among women of reproductive age (15-44) increased in 1997 and 1998 (13.4 per 100,000 and 12.6 per 100,000) before declining to 6.3 in 2003.
- The incidence of primary and secondary syphilis infections has substantially declined, regardless of race and age, for women in Ohio, and Cuyahoga and Hamilton counties since the mid-1990s, yet the rate for Franklin County has remained higher than those regions since 1997.

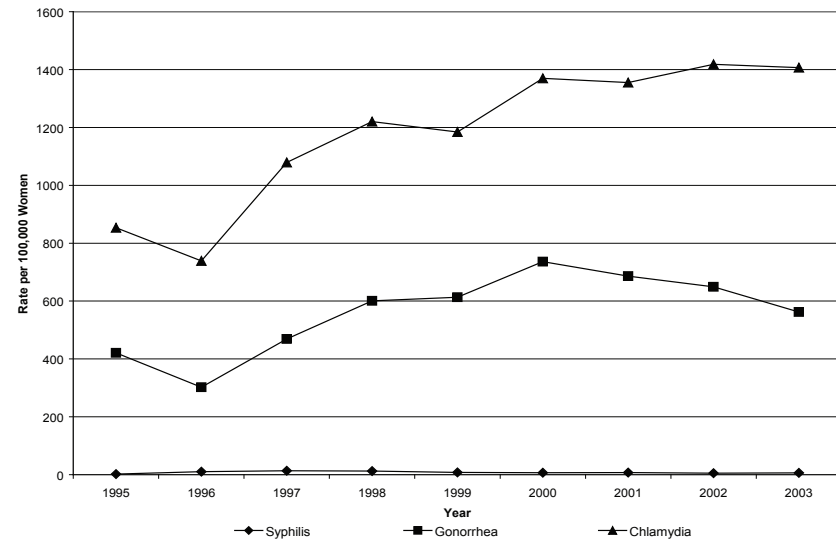
Gonorrhea⁴

- The rate of gonorrhea infection among women of reproductive age (15-44) increased from a recent low of 300 cases in 1995 to a high of 686.6 in 2001. However, the rate dropped to 562.1 in 2003.
- Young women (ages 15-19 years) in Franklin County are at the highest risk of gonorrhea infection among all females, but the incidence for this group has been declining since the year 2000 to 1423.6 cases per 100,000 women in 2003.

Chlamydia⁴

- The incidence rate of chlamydia in women of reproductive age (15-44) continues to increase from 853.5 per 100,000 in 1995 to 1406.8 per 100,000 in 2003.
- Chlamydia remains the fastest spreading sexually transmitted disease among women in Franklin County, ahead of syphilis and gonorrhea. As with the other STDs, the rates are highest for women in the youngest age groups and among Black women.

Figure 6:12
Franklin County Women of Reproductive Age,
Sexually Transmitted Diseases by Year
ODH, 1995-2003



6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

Tuberculosis⁴

- The number of TB cases in women of reproductive age has been increasing since 1999.

MENTAL HEALTH³

- Almost 90% of Franklin County women of reproductive age feel their mental health is "good," "very good" or "excellent." This percentage is slightly lower than that of all women.
- In addition, almost 25% of women of reproductive age report their mental health (including stress, depression, and problems with emotions) was "not good" 8 or more days out of the past month. This percentage is higher when compared to all women.
- Both White and Black women averaged between 5 and 6 days with poor mental health in the past month.

Depression³

- Almost 20% of women of reproductive age indicated they were at risk for depression, and over 20% had been diagnosed with depression by a health care professional at some point in their life. (See Technical Notes for further information on depression.)

Suicide⁴

- Slightly more women of reproductive age (4.6%), than all women, report having considered suicide in the past year.
- The 2000-02 three year age-adjusted suicide rate for women of reproductive age is also higher at 5.0 per 100,000 women.

Figure 6:13
Franklin County Women of Reproductive Age
Number of Tuberculosis Cases
ODH, 1998-2003

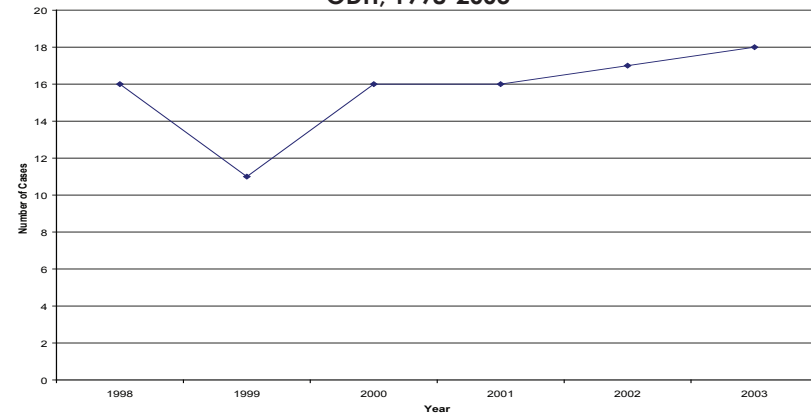
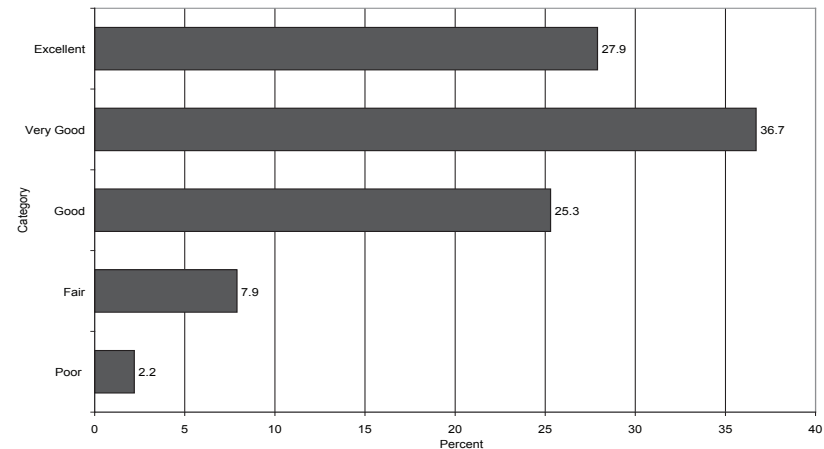


Figure 6:14
Franklin County Women of Reproductive Age
Self-reported Mental Health Status
CHRA, 2000



6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

Utilization of Mental Health Resources and Support²

- Over 90% of women of reproductive age report that their current medical coverage includes mental health care.
- Only 30.0% of women of reproductive age who reported suffering depressive symptoms had seen a mental health professional in the past 12 months. Though this percentage is higher than for all women, it still leaves a large percentage of women who are not receiving/seeking the care they need.

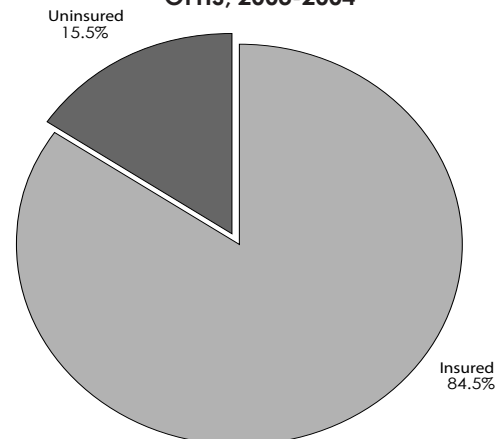
Note: For reproductive health data see 4: *Reproductive Health*.

HEALTH SERVICES UTILIZATION

Insurance²

- Almost 85% of women of reproductive age are covered by some form of health insurance.
- The majority of these women indicated their insurance is through a provider either with their employer or direct purchase (62.5%); 18.3% of women of reproductive age reported being covered through public assistance (either Medicaid, Medicare, or both); and 12.4% reported they had never had health insurance.
- Over 20% of women of reproductive age have been without coverage for at least 3 years. The most frequent reason given for being without insurance is that they or a family member were currently not working or had lost their job.
- Almost a quarter of women of reproductive age living at or below the federal poverty level are uninsured (24.5%).
- Three out of ten women of reproductive age without a high school education are uninsured (30.4%).

Figure 6:15
Franklin County Women of Reproductive Age,
Percent of Insured and Uninsured
OFHS, 2003-2004



6: SPECIAL TOPIC - WOMEN AGE 15 TO 44 YEARS

Insurance² continued

- More women of reproductive age who have either never been married (22.3%) or are part of an unmarried couple (25.2%) are uninsured than women who are married, divorced or widowed.
- Fewer Hispanic women of reproductive age are insured. While 87.2% of the White population and 82.3% of the Black population have health insurance, only 42.5% of the Hispanic population has coverage.

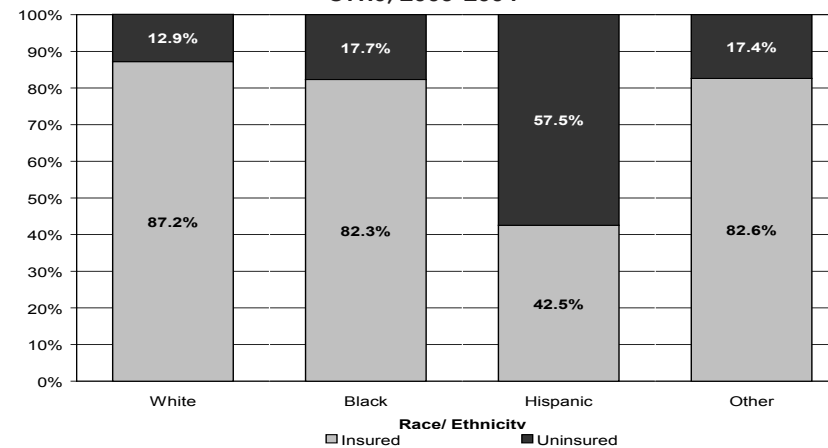
Utilization of Health Care Services²

- Almost 90% of insured women of reproductive age have one place they usually go to for health care. This percentage decreases for uninsured women (71.3%).
- Most of both insured and uninsured women report this "medical home" is a doctor's office or HMO (76.5% for insured; 36.1% for uninsured).
- Over 85% of insured women of reproductive age report they see the same health care professional at each visit. Only 74.7% of those women of reproductive age who were uninsured reported seeing the same health care professional at each visit.

Satisfaction with Coverage²

- For women of reproductive age, 60.0% rated the benefits covered by their current insurance an 8, 9 or 10 (on a scale where 10 is the best).
- Almost 29% of women of reproductive age felt it was more difficult to get care versus three years ago.

Figure 1:
Franklin County Women of Reproductive Age,
Percent of Insured and Uninsured by Race
OFHS, 2003-2004



APPENDICES

“About the Data”

APPENDIX A : SOURCES

Most county and state data presented in this report are “resident” data. This means that all natality, mortality, morbidity, hospitalization, long-term care, and labor force statistics are categorized by state and county of residence regardless of where the event occurred. The only exceptions are motor vehicle crash statistics, which are by location of the crash.

1. U.S. Census Bureau. (n.d.) Census 2000, Summary files 1 and 3. Retrieved between January and May 2006 from <http://factfinder.census.gov>.
2. Ohio Family Health Survey (OFHS). 2003-2004. <http://www.healthpolicyohio.org./publications/insurancecoverage.html>. Analysis completed by Columbus Public Health.
3. Columbus Public Health (CPH). 2000 Columbus/Franklin County Community Health Risk Assessment. May 2002. http://www.publichealth.columbus.gov/resources/Community_health_data.asp
4. Ohio Department of Health (ODH). Information Warehouse. (Retrieved spring 2005). <http://dwhouse.odh.ohio.gov/datawarehousev2.htm>.
 - a. Columbus Public Health analysis of Ohio Department of Health, Vital Statistics Data
5. Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Diseases, 2003, factsheets*. <http://www.cdc.gov/std/>.
6. National Institute of Mental Health. <http://www.nimh.nih.gov/>
7. Centers for Disease Control and Prevention. *Reported Tuberculosis in the U.S., 2004*. <http://www.cdc.gov/nchstp/tb/surv/surv2004/default.htm>.
8. Centers for Disease Control and Prevention. *The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives 2004*. Atlanta: U.S. Department of Health and Human Services; 2004. Available at: <http://www.cdc.gov/nccdphp/burdenbook2004>.
9. Centers for Disease Control and Prevention. *HIV/AIDS Among Women, Factsheet, 2006*. <http://www.cdc.gov/hiv/topics/women/resources/factsheets/pdf/women.pdf>.
10. American Cancer Society. *Cancer Facts and Figures, 2005*. <http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf>.
11. American Cancer Society. *Cancer prevention and early detection facts and figures, 2005*. <http://www.cancer.org/downloads/STT/CPED2005v5PWSecured.pdf>.
12. Centers for Disease Control and Prevention: National Center for Health Statistics, News Release, 2005: “Obesity Still a Major Problem” http://www.cdc.gov/nchs/pressroom/06facts/obesity03_04.htm.

APPENDIX A: SOURCES

13. National Institute of Mental Health. *Women Hold Up Half the Sky*. 2001. <http://www.nimh.nih.gov/publicat/womensoms.cfm>
14. Columbus Public Health, Women's Health Clinics, 2005. <http://www.publichealth.columbus.gov/>.
15. The Alan Guttmacher Institute. *Contraceptive Needs and Services, 2001 - 2002*. <http://www.guttmacher.org/pubs/win/index.html>.

Age-Adjusted Rates

The direct method of age-adjustment was used in this report and is achieved by multiplying each age-specific rate in the population of interest with the proportion of persons in the corresponding age group within a reference or standard population. The sum of these numbers is multiplied by 100,000 and represents the rate of injury death or injury hospitalization in the population of interest, if it had the same age structure as the standard population. Therefore, the influence of age, when comparing two age-adjusted rates, is controlled. (Note: Age-adjusted and crude rates should never be compared to one another.) The rates in this report were adjusted according to the U.S. 2000 estimated population distribution. The general formula for the age-adjusted rate is as follows:

If the rate in the i th age class of area a is $r_{ia} = X_{ia}/n_{ia}$ then DSR_a

$$DSR_a = \frac{\sum_i r_{ia} n_{is}}{\sum_i n_{is}} \times 100,000$$

$=DSR_a$ = directly standardized rate for area a

n_{ia} = number of individuals in i th age class in area a

n_{is} = number of individuals in i th age class of standard area

x_{ia} = number of cases in i th age class of area a

Age-specific Rate

Age-specific Rates are calculated by dividing the appropriate aggregated number of years of deaths (the numerator) for the age grouping and dividing by the population from that age grouping (the denominator). By convention, the computed number is multiplied by 100,000 to generate comparable rates.

The general formula for the age-specific rates (ASR) used is as follows:

$$(\text{Number of deaths in age group} / \text{Population of that age group}) \times 100,000$$

Body Mass Index

The BMI was calculated by dividing the reported weight in kilograms by the square of the reported height in meters. Because the weight was collected in pounds and height in feet and inches, the following formula was used to convert to kilograms per meter squared:

$$\text{Weight (pounds)} / \text{Height (inches)}^2 \times 703.$$

When interpreting data on overweight based on reported weight and height (BMI), it is important to remember that these data may underestimate the true prevalence of overweight respondents, because of the tendency of most people to understate true weight in an interview. Additionally, individuals with a high proportion of muscle mass relative to their height may be classified as overweight when they are not truly overweight.

Community Health Risk Assessment, 2000, Data

Information contained in this report may differ slightly from previous reports published. Analysis for this report was done by Columbus Public Health using STATA while analyses in previous publications were completed by external agencies using WesVar.

Community Health Risk Assessment, 2000

Information from this survey is only available for those 18 years and older.

APPENDIX B: TECHNICAL NOTES

Depression Screen

For this report information was used from the Community Health Risk Assessment, 2000. In this survey, a four question depression screen was used to determine whether or not a person is currently at risk for depression.

Depression Screen questions are as follows:

1. In the past year, have you had 2 weeks or more during which you felt sad, blue, or depressed, or when you lost all interest or pleasure in things that you really cared about or enjoyed?
2. Have you had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?
3. Have you felt depressed or sad much of the time in the past year?
4. How many days during the past week did you feel depressed?

Information from the Ohio Department of Health, Information Warehouse

Mortality

The primary underlying cause of death is used to categorize deaths by type. Cause of death is gathered on the death certificate in part 30. During the period 1990 to 1999, causes of death were coded by trained Ohio Department of Health nosologists. Starting with 2000 deaths, most cause of death codes were determined by automated processing using the ACME/MICAR systems. Nosologists continue to code causes of death for cases failing to successfully machine-code using the ACME/MICAR systems. International Classification of Diseases, Revision 9 (ICD-9) codes were used for deaths occurring during 1990-1998. ICD-10 codes were used for the years 1999-2002. The switch from ICD-9 to ICD-10 coding in 1999 affected the classification, processing and presentation of mortality data.

The ODH warehouse classifies all deaths into groupings based on cause of death. They primarily used the NCHS 113 Cause List and the 130 Infant Cause List. These lists present a standard set of causes to display. Each death was grouped into one of the 113 causes, and each infant death was grouped into one of the 130 infant causes. Since the groupings are based on the ICD-10 codes, counts of deaths for some specific causes may not exactly match the tabulations provided in earlier ODH statistical documents.

Due to changes in the coding logic in ICD-10 compared to ICD-9, the cause groups are not directly comparable. That is, the new coding system introduced variations in how deaths were grouped. NCHS has provided comparability ratios to help understand death trends plotted across the transition years 1998-1999 (see table below). The comparability ratio is applied to the number of deaths coded during 1990-1998 to derive a number more comparable to the number of deaths in 1999-2002. A comparability ratio higher than 1.00 means the number of deaths coded to the cause grouping is greater under the new system. If the ratio is lower than 1.00 that means the number of deaths coded to the cause grouping is greater under the old system.

The rates displayed in the data warehouse include age-specific rates, crude rates and age-adjusted rates. Rates are age-adjusted using the 11 NCHS age groups (<1 year, 1-4 years, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+). Age-adjustment uses the Year 2000 population standard. The rates are average annual rates calculated over a 3-year period. Statistical information about cancers of the breast, cervix, uterus, ovary, and prostate are customarily restricted to one gender. Users are cautioned to apply the gender-specific option for these cancer sites.

APPENDIX B: TECHNICAL NOTES

The ten leading causes of death are based on Ohio resident deaths for 2002. The table below shows the ICD-9 and ICD-10 codes included in each cause used in the data warehouse. Comparability ratios are also provided for each of these cause types.

Ohio Leading Causes of Mortality

Cause of Death	1999-2002 Category Codes Tenth Revision (ICD-10)	1990-1998 Category Codes Ninth Revision (ICD-9)	Estimated Comparability Ratio
Diseases of Heart	I00-I09, I11, I13, I20-I51	390-398, 402, 404, 410-429	0.9858
Malignant Neoplasms	C00-C97	140-208	1.0068
Cerebrovascular Diseases	I60-I69	430-434, 436-438	1.0588
Chronic Lower Respiratory Diseases	J40-J47	490-494, 496	1.0478
Diabetes Mellitus	E10-E14	250	1.0082
Accidents (unintentional injuries)	V01-X59, Y85-Y86	E800-E869, E880-E929	1.0305
Influenza and Pneumonia	J10-J18	480-487	0.6982
Alzheimer's Disease	G30	331.0	1.5536
Nephritis, Nephrotic Syndrome and Nephrosis	N00-N07, N17-N19, N25-N27	580-589	1.2320
Septicemia	A40-A41	038	1.1949

Leading Causes Ranking

Leading causes of death are ranked according to descending frequencies. For example, the cause with the largest count is ranked 1st, the next largest count is ranked 2nd, etc.

APPENDIX B: TECHNICAL NOTES

Ohio Family Health Survey, 2003-2004

Information from this survey is only available for those 18 years and older.

Percent Change

In Health, United States average annual rates of change or growth rates are calculated as follows:

$$\left[\left(\frac{P_n}{P_o} \right)^{1/N} - 1 \right] \times 100$$

where P_n = later time period
 P_o = earlier time period
 N = number of years in interval.

This geometric rate of change assumes that a variable increases or decreases at the same rate during each year between the two time periods.

Race and Ethnicity

The availability of race/ethnic related data at the local level is limited. In this report, data on race/ethnicity were included when sufficient data was available. However, because data is limited, comparisons are primarily made between the White and Black women living in Franklin County. Inferences to other minority groups should not be made. In addition, for this report, unless otherwise noted in the text, Black includes persons having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian.

Tables P12 through P12H from summary file 1 of the U.S. 2000 Census were used for this report.

The Alan Guttmacher Institute

The Guttmacher Institute is a nonprofit organization focused on sexual and reproductive health research, policy analysis and public education. The Guttmacher Institute publishes Perspectives on Sexual and Reproductive Health, International Family Planning Perspectives, The Guttmacher Policy Review and special reports on topics pertaining to sexual and reproductive health and rights. The Institute's mission is to protect the reproductive choices of all women and men in the United States and throughout the world. It is to support their ability to obtain the information and services needed to achieve their full human rights, safeguard their health and exercise their individual responsibilities in regard to sexual behavior and relationships, reproduction and family formation.

Body Mass Index (BMI): Body mass index is a measure of overweight status that relates weight (in kilograms) to the square of height (in meters). In this survey, respondents were asked their current height and weight.

Underweight: BMI of less than 18.5 for females and males

Normal Weight: BMI of 18.5 – 24.9 for females and males

Overweight: BMI of 25 – 29.9 for females and males

Obese: BMI of 30 or greater for females and males

Breast Self-Exam (BSE): A BSE is a self-examination of the breasts to determine if changes have occurred in the breast tissue including lumps, dimpling of the skin, and changes in the nipple.

Cholesterol (Blood Cholesterol): Cholesterol is a soft, waxy substance that is needed for key body functions. Humans make their own supplies of cholesterol in the liver. The body usually makes enough cholesterol for its needs, and any dietary cholesterol (from animal products) is considered excess.

High Blood Cholesterol: Adults are considered as having high cholesterol if their health care professional has diagnosed them with high blood cholesterol. Blood cholesterol is measured as milligrams per deciliter (mg/dL) of blood. Usually a measurement of blood cholesterol includes total cholesterol, low density lipoprotein cholesterol (LDL) and high density lipoprotein cholesterol (HDL). Total blood cholesterol of over 200 mg/dL is considered high.

Chronic Drinking: For this report chronic drinking is defined as consuming an average of 2 or more alcoholic beverages per day or averaging 60 alcoholic drinks in a month.

Clinical Breast Exam (CBE): A clinical breast examination is a physical breast examination done by a health professional, such as a physician, nurse practitioner, nurse, or physician assistant. The American Cancer Society recommends that women ages 20 to 39 have a clinical breast exam within 3 years and that women 40 years and older have one every year.

Current Drinker: Defined as someone having had at least one drink of any alcoholic beverage over the past 12 months.

Diabetes: Diabetes is a disorder of carbohydrate (glucose) metabolism in which the pancreas does not produce a sufficient amount of insulin, or the ability to use insulin is decreased. Insulin, produced by the pancreas, is necessary for glucose (sugar) to enter cells for conversion to energy, the synthesis of protein, and the storage of fat. In persons with diabetes; glucose and fat concentrate in the blood and result in damage to the vital organs. Severe long-term health complications that are associated with diabetes include limb amputation, renal failure, blindness, nerve damage, dental disease, and cardiovascular disease. Early detection of diabetes and proper disease management can control blood sugar levels and reduce, delay, or prevent the severe complications associated with diabetes. (Source: CHRA; ODH)

Earnings: Earnings is defined as the algebraic sum of wage or salary income and net income from self-employment. Earnings represent the amount of income received regularly before deductions for personal income taxes, Social Security, bond purchases, union dues, Medicare deductions, etc.

Education Level: Refers to the highest level of education completed in terms of the highest degree or the highest level of schooling completed.

APPENDIX C: GLOSSARY

Employed: Employed includes all civilians 16 years old and over who were either (1) “at work” -- those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were “with a job but not at work” -- those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Excluded from the employed are people whose only activity consisted of work around the house or unpaid volunteer work for religious, charitable, and similar organizations; also excluded are people on active duty in the United States Armed Forces. The reference week is the calendar week preceding the date on which the respondents completed their questionnaires or were interviewed. This week may not be the same for all respondents. (Source: U.S. Census)

Environmental Tobacco Smoke (ETS): For this report ETS is defined as being close enough to people who are smoking that you can smell the smoke. (CHRA)

Federal Poverty Level: Federal Poverty Level is calculated using total reported family income (total income received by the members of the family and those who permanently reside in the household) and the total number of adults and children living in the household in the previous year. In 2000, the Federal Poverty Level was a household total of \$17,050 for a family of four.

Gestational Diabetes: This is a condition among women who have never had diabetes before but who have high blood glucose levels during pregnancy. Gestational diabetes is usually temporary as the condition subsides after childbirth. According to the American Diabetes Association, women who have gestational diabetes are more likely to develop it again in subsequent pregnancies, and have a higher risk of developing Type 2 diabetes later in life.

High Blood Pressure: Women having been diagnosed by a health professional as having high blood pressure on multiple occasions.

Incidence: Number of new cases of a disease or health condition occurring in a population at some designated time.

Individuals for whom poverty status is determined: Poverty status was determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years old. These groups also were excluded from the numerator and denominator when calculating poverty rates. They are considered neither “poor” nor “nonpoor.”

Income: “Total income” is the sum of the amounts reported separately for wages, salary, commissions, bonuses, or tips; self-employment income from own nonfarm or farm businesses, including proprietorships and partnerships; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); any public assistance/welfare payments from the state or local welfare office; retirement, survivor, or disability pensions; and any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony.

“In need of contraceptive services and supplies:” females who aged 13-44 and: they are sexually active (ever had intercourse); they are fecund, they nor their partner have been sterilized; or during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant

“In need of publicly funded contraceptive services and supplies:” females who meet the above criteria and have a family income under 250% of the federal poverty level. All women younger than 20 who need contraceptive services are assumed to need publicly supported care.

Labor force: The labor force includes all people classified in the civilian labor force, plus members of the U.S. Armed Forces (people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard). The Civilian Labor Force consists of people classified as employed or unemployed

Low-income households: For this report includes those households living below 200% of the 2000 federal poverty level (\$34,100 or less for a family of 4). (See federal poverty level)

Middle- to high- income households: For this report includes those households whose total family income is 201% or higher than the 2000 federal poverty level. (See Federal Poverty Level)

Moderate Exercise: Moderate exercise is exercise such as brisk walking or moving somewhat heavy material that elevates the heart rate, but is not so vigorous as to make talking and exercising difficult.

Mortality: Data relating to fatal injuries in Franklin County are from the State of Ohio Vital Statistics records. This report presents death certificate data in averaged 2001-2002 format. Franklin County residency is determined by residency county codes recorded on the death certificates in 2000 and geo-coding from 2001 and beyond.

Prevalence: Number of existing cases of a disease or health condition in a population at some designated time.

“Publicly funded family planning clinic:” a site that offers contraceptive services to the general public and provides those services free of charge or at a reduced fee to at least some of its clients, or provides services using public funds.

Race: For this report race is a self-identification data item in which respondents choose the race or races with which they most closely identify.

Statistical Significance: Statistical significance testing is a way to assess the probability of whether differences seen between groups are “real” or merely the result of chance. Several tests or methods can be used. For the 2000 Columbus/Franklin County Health Risk Assessment a 95% confidence interval was used. If the intervals (upper and lower boundaries) overlap between two groups then the difference is not statistically significant. No overlap indicates that the difference is statistically significant.

APPENDIX D: RECOMMENDED SCREENINGS AND IMMUNIZATIONS

RECOMMENDED SCREENINGS AND IMMUNIZATIONS FOR WOMEN AT AVERAGE RISK FOR MOST DISEASES

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65 and Older
General Health: Full checkup, including weight and height	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Thyroid test (TSH)	Start at age 35, then every 5 years	Every 5 years	Every 5 years	Every 5 years
Heart Health: Blood pressure test	At least every 2 years	At least every 2 years	At least every 2 years	At least every 2 years
Cholesterol test	Start at age 20, discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Bone Health: Bone mineral density test		Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Get a bone mineral density test at least once. Talk to your doctor or nurse about repeat testing.
Diabetes: Blood sugar test	Discuss with your doctor or nurse.	Start at age 45, then every 3 years	Every 3 years	Every 3 years
Breast Health: Mammogram (x-ray of breast)		Every 1-2 years. Discuss with your doctor or nurse.	Every 1-2 years. Discuss with your doctor or nurse.	Every 1-2 years. Discuss with your doctor or nurse.
Reproductive Health: Pap test & pelvic exam	Every 1-3 years if you have been sexually active or are older than 21	Every 1-3 years	Every 1-3 years	Discuss with your doctor or nurse.
Chlamydia test	If sexually active, yearly until age 25. Ages 26-39, if you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test.
Sexually Transmitted Disease (STD) tests	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65 and Older
Colorectal Health: Fecal occult blood test			Yearly Flexible Sigmoidoscopy (with fecal occult blood test is preferred)	Every 5 years (if not having a colonoscopy) Every 5 years (if not having a colonoscopy)
Double Contrast Barium Enema (DCBE)			Every 5-10 years (if not having a colonoscopy or sigmoidoscopy)	Every 5-10 years (if not having a colonoscopy or sigmoidoscopy)
Colonoscopy			Every 10 years	Every 10 years
Rectal exam	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)
Eye and Ear Health: Eye exam	Get your eyes checked if you have problems or visual changes.	Every 2-4 years	Every 2-4 years	Every 1-2 years
Hearing test	Starting at age 18, then every 10 years	Every 10 years	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Skin Health: Mole exam	Monthly mole self-exam; by a doctor every 3 years, starting at age 20.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.
Oral Health: Dental exam	One to two times every year	One to two times every year One to two times every year	One to two times every year	
Mental Health Screening	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Immunizations: Influenza vaccine	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Yearly	Yearly
Pneumococcal vaccine				One time only
Tetanus-Diphtheria Booster vaccine	Every 10 years	Every 10 years	Every 10 years	Every 10 years

From the National Women's Health Information Center
U.S. Department of Health and Human Services, Office of Women's Health



Teresa C. Long, MD, MPH
Health Commissioner

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